

Maternity Cash Rates Letter of Agreement

Rates are effective June 1, 2015

Thank you for choosing Pomona Valley Hospital Medical Center (PVHMC) for the delivery of your baby. Our dedicated nurses and staff understand your excitement and wish you good health and happiness. We have established Maternity cash rates available to expectant mothers who plan to deliver their babies at PVHMC. Discounted delivery rates are available to patients who pay the delivery rates no later than the day of discharge. Our cash discount policy pricing is based upon uncomplicated deliveries for standard lengths of stay. Other cash rates are available for other unplanned, medically necessary services you may need during your pregnancy or stay at PVHMC.

Delivery Service	Rates if paid before discharge	Rates if paid after discharge
Vaginal Delivery (up to 2 midnight stays)	\$5,500	\$6,600
Cesarean Delivery (up to 3 midnight stays)	\$7,000	\$8,400
Epidural (Vaginal Delivery)	\$500	\$600

The delivery rates begin upon the first day of admission and include all routine hospital services related to routine/normal delivery and routine/normal newborn care as outlined below:

- Labor and/or operating rooms
- Maternity room (private or semi-private based on availability)
- Nursing care for mother and baby
- Routine lab tests for mother (CBC, Type & Screen)
- Routine newborn tests (hearing, newborn screen & CCHD)
- Routine medical supplies and medications
- Parents' celebration meal

Other professional services are **NOT** included in Maternity Delivery Cash Rates or in the Additional Maternity Service Rates. Other professional services are billed separately by provider and include but are not limited to:

- **Any physician service provided to you or your baby by an obstetrician, pediatrician, neonatologist or anesthesiologist, etc.**
- Should you or your baby require transfer to another facility, transportation costs and costs of care at the receiving facility are **NOT** included and will be collected separately by the transportation company or facility
- All visits to the hospital prior to delivery are **NOT** included in this agreement and must be paid in full prior to discharge
- Newborns admitted to the NICU are **NOT** considered part of the delivery cash rates and will be charged separately at the rates noted below in the "Additional Maternity Service" chart below

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- Epidural given during labor in expectation of a normal vaginal delivery is \$500 (hospital charge). Separate anesthesiologist charges will apply for both vaginal & C-section deliveries and prior arrangements must be made with them by contacting **Anesthesia Business Consultants 800-242-1131 ext.4332**
- For more information, please contact one of our Customer Service Representative at (909) 865-9100

The following are additional maternity services you may need before, during and/or after your delivery. These services are **NOT INCLUDED** in the Maternity Delivery Rates above. These services are ordered by your physician or may be required by law or regulation. In the event you require hospitalization for additional care or procedures not include in the delivery rates or additional maternity services below, PVHMC will require you to pay according to the rates in its Prompt Pay Discount Policy for those services.

Additional Maternity Service	Cash Rate
Additional inpatient post-partum midnight stay	\$1,150 per day
Inpatient pre-partum midnight stay	\$1,600 per day
Outpatient Observation- <i>is rounded up to the next hour i.e. 1:00-1:30 will be charged for the next full hour</i>	\$100 per hour not to exceed \$1,600
Tubal ligation with Cesarean Delivery	\$300
Tubal ligation with Vaginal Delivery	\$1,200
Blood transfusion – Administration fee	\$1,500
Blood transfusion	\$237.00
Platelets transfusion	\$1,500 per unit
Neonatal Intensive Care (NICU)	\$2,200 per day
Extended stay newborn nursery (boarder baby)	\$650 per day
Multiple birth nursery charge per additional newborn	\$650 per day
Circumcision	\$200

I have read this Maternity Cash Rates Letter of Agreement and agree to pay the quoted rates.

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Patient or Guarantor Signature

Patient or Guarantor Name

Date

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Admitting Representative Signature

Admitting Representative Name

Date