



OB FEE SCHEDULE

GLOBAL PRENATAL CARE

\$3,206.00

Please Note: The Global Fee includes the routine prenatal exams, delivery and 6 week postpartum check for a normal pregnancy. Illnesses and/or complications during your pregnancy may be billed separately.

The following lab work is not included in your Global Billing.

WEEK	PROCEDURE	CODE	CHARGES	OUT OF OFFICE CHARGES
WK 6-8	Initial OB-visit	GPN	Global	
	*Early Dating US			Bozeman Deaconess
	Obstetric Profile	80055		Bozeman Deaconess
	Lab Collection Fee	36415	\$11.00	
	HIV	86703		Bozeman Deaconess
	Urine Culture	87084		Bozeman Deaconess
WK 10-12	OB Workup Exam	GPN	Global	
	Pap Smear Collection	Q0091	\$68.00	
	*Gonorrhea	87591		Bozeman Deaconess
	*Chlamydia	87491		Bozeman Deaconess
WK 11-13	*Ultrascreen			Bozeman Deaconess
WK 16	*AFP-Triple Screen	82105		PAML
	*Lab Collection Fee	36415	\$11.00	
WK 20	Obstetric US			Bozeman Deaconess
WK 28	Glucola Test	82950		Bozeman Deaconess
	Lab Collection Fee	36415	\$11.00	
	Rhogam (for Rh Neg Pts)			Highland Park Pharmacy
	Antibody			Bozeman Deaconess
	IM Administration Fee	96372	\$39.00	
	CBC	85025		Bozeman Deaconess
WK 36	Group B Strep			Bozeman Deaconess
	Lab Collection Fee	36415	\$11.00	
	CBC	85025		Bozeman Deaconess

*OPTIONAL TEST- NECESSITY DETERMINED BY PHYSICIAN AND PATIENT.

The above breakdown of charges is only an estimate based on routine care. Any unusual or additional services would be an additional fee. All fees are subject to change.