



Obstetrics Cash Payment Pricing

Uncomplicated Delivery – Hospital Facility Pricing

	Package Price with Registration** Completed Before End of 36 th week of pregnancy	Package Price with Registration** Completed After End of 36 th week of pregnancy
Vaginal	\$3,700	\$5,200
Vaginal with sterilization/tubal ligation	\$5,200	\$6,700
C-Section	\$5,100	\$6,600
Anesthesia OB discount package	\$1750	\$1750

**** Registration date will be the date that the patient registers for delivery at OakBend Medical Center and pays the applicable price. If patient is in the Houston area and is awaiting a scheduled Level II ultrasound before being permitted to register at OakBend Medical Center, this will be taken into consideration. The length of the pregnancy must be documented by the physician as we cannot rely upon the patient for this information.**

Vaginal Delivery includes:

- Up to 2 midnights in hospital; physician determines discharge time
- Includes one baby blanket and one baby hat to take upon discharge
- Additional charges will apply for lab tests, hearing screen, radiology, additional anesthesia services, additional hospital days, hospital services or hospital days and services related to complications (see below), as well as professional fees and ultrasound as described below **(Separate organizations will bill for Infant Hearing test (\$100) and Lab Tests (minimum \$150 depending on tests required); see “Additional Hospital Service Charges include” and “The fees do not include” below for information)**

C-Section Delivery Packages include:

- Up to 3 midnights in hospital; physician determines discharge time
- Includes one baby blanket and one baby hat to take home upon discharge
- Additional charges will apply for lab tests, hearing screen, radiology, additional anesthesia services, additional hospital days, hospital services or hospital days and services related to complications (see below), as well as professional fees and ultrasound as described below **(Separate organizations will bill for Infant Hearing test (\$100) and Lab Tests (minimum \$150 depending on tests required); see “Additional Hospital Service Charges include” and “The fees do not include” below for information)**

Additional Hospital Service Charges include, but are not limited to:

Multiple Births, each additional well baby	\$ 700
Each additional day (well mother/baby)	\$ 750
Each additional day (jaundice, baby)	\$ 700
Circumcision (post-discharge)	\$ 150
Observation	Lesser of \$70 per hour or \$840 per 24 hour day
Sick Baby	\$1,950 per day
Sick Mother	\$1,300 per day

OB packages require:

1. Register and visit with your local physician who must have credentials with OakBend Medical Center.
2. Once your local Richmond, Texas (Houston, Texas area) physician has you registered, you must complete an OakBend Pre-Admission Form. The completed form can be mailed to the hospital (mail to: OakBend Medical Center, Attention: Patient Access, 1705 Jackson Street, Richmond, TX 77469), hand delivered to the Patient Access office at that same address or sent via facsimile. Fax number is (281) 239-5457.
3. Payment for the delivery services must be made when registering at OakBend Medical Center. We accept cash, money order or cashier’s check. **Money Orders and Cashier’s Checks accepted only from local or Houston area financial institutions. Payment is due in full at time of registration. No payment plans accepted.**

***All payments must be made Monday-Friday between 8AM-2PM.**

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Restrictions:

1. The uncomplicated vaginal and C-section delivery cash price **must be paid in full no later than one (1) month BEFORE expected delivery date.**
2. If complications arise that necessitate more complex hospital services, payment will be the amounts indicated above for baby and mother or 50% of billed charges for services not listed, including NICU. Payment must be made in full prior to discharge.
3. All charges quoted are for the mother and baby for **facility** fees related to the delivery.
4. Any outpatient services rendered at the hospital are not included in the Uncomplicated Delivery – Hospital Facility Pricing & are required to be paid at time of service.
5. Please note that the hospital provides one format of zero balance letter and only after all charges are paid in full.

The Uncomplicated Delivery – Hospital Service Pricing fee does NOT include:

- **Lab testing (billed through Brown & Associates; see contact information below)**
- **Infant hearing screen estimated charge of \$100**
- **Professional fees or charges by the obstetrician, pediatrician, radiologist, and any other service provider not included in the package price.**
- **Any pre-delivery charges for pre-delivery testing such as, but not limited to, laboratory, ultrasound, etc.**
- **Any post-delivery charges such as, but not limited to, PKU and bilirubin tests**

Payment is due in full prior to discharge for unexpected complications & additional days for mom & baby.

I, _____, have read the conditions to participate in the OakBend Cash Payment Package with OakBend Medical Center and agree to the terms and restrictions provided.

X

Patient or Responsible Party

Date

X

Witness

Date

If you have questions prior to registration at OakBend Medical Center, please contact your physician. You must first be registered with your physician before registering with OakBend Medical Center.

If you have questions related to the hospital services, please call OakBend Medical Center Patient Registration

Jackson Street - (281) 633-4074

Williams Way - (281) 341-2032, or (281) 341-2109

Jackson Street Campus

1705 Jackson Street
Richmond, TX 77469
(281) 341-3000

Williams Way Campus

22003 Southwest Freeway
Richmond, TX 77406
(281) 341-2000

Additional Required Services for OB Cash Patients

Patients eligible for Cash Price must, **at their own cost, obtain a Level II Ultrasound examination from a certified ultrasound facility prior to scheduling the delivery and ensure that the results are sent to the patient’s obstetrician and the hospital.**

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Revised August 6, 2024

OTHER SERVICES:

<u>SERVICE</u>	<u>PHYSICIAN</u>	<u>PHONE NUMBER</u>
Anesthesiology	Northwest Anesthesiology & Pain Services, PA	(832) 432-0024
Pathology (Lab)	Brown and Associates	(713) 559-6920
Neonatology	Millennium	(573) 307-0500
Radiology (X-Ray)	Radiology Partners Gulf Coast	(888) 268-8448
Infant Hearing Screen	Pediatrix Medical Group	

I, _____, have read, received, and understand the information above regarding additional fees that I may receive for other professional services not provided by OakBend Medical Center.

X _____
Patient or Responsible Party

Date

X _____
Witness

Date