

# NATIONAL BIRTH CENTERS INC.

1141 N Loop 1604 E, Ste. 105436

San Antonio TX 78232-1339

## CONTRACT

Congratulations on your choice to use a National Birth Centers affiliate for your healthcare needs! Our individual locations offer private, specialized care for pregnant women and our corporate offices manage advertising, marketing and accounts management including accounts receivable and filing health insurance claims. Below are a few details to better inform you.

1. Documents from your insurance could be addressed to our corporate mailing address in San Antonio TX. This does not imply you received care in Texas.
2. Patients can not profit from insurance payments. If you receive a check from your insurance company, you agree to mail it to our corporate offices: National Birth Centers Inc., 1141 N Loop 1604 E, Ste. 105436, San Antonio TX 78232-1339. within 3 days of receipt.
3. Claims are submitted for all services documented in your health record regardless of deductible or coinsurance amounts.
4. All claims will be processed as out-of-network.
5. You are responsible for your out-of-network deductible and co-insurance.
6. Professional claims are submitted for office visits, prenatal care, labor and/or delivery and newborn care.
7. A facility claim will be submitted for providing a setting for labor, delivery and immediate postpartum.
8. In the event you were attended in labor and were transferred to another facility for delivery, a facility claim will be filed for labor services.
9. You will receive an Explanation of Benefits from your insurance company detailing every charge submitted for your care, the amount paid and patient responsibility.
10. If an Explanation of Benefits or any communication from your insurance company concerns you, email [claims@nationalbirthcenters.com](mailto:claims@nationalbirthcenters.com) or call 281-836-3343.

I want National Birth Centers and/or their associates to submit claims to my insurance for *all* billable services I receive including professional and facility claims.

I want to pay cash for the midwife's professional services. I will submit my own claim for professional services. National Birth Centers and/or Associates will submit claim for facility charges.

*Signature of Patient*

Date

*Printed Name of Patient*

*Patient DOB*

*Provider's Name*