

# LEGENDS OB/GYN LLC

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## Financial Agreement for Self Pay OB Clients

Thank you for choosing Legends Ob/Gyn to manage and provide the best quality prenatal care during your journey to a successful delivery. It is important to address the issue of finances early in care so that you can plan on a payment schedule before a problem arises. After your baby is born you will have much more on your mind than past bills so it is best to deal with this as soon as possible. Upon signing this contract you will enter into a working relationship with Legends Ob/Gyn. This Financial Agreement is to clarify the payment process for the prenatal care and delivery process of your pregnancy.

The fee for a vaginal delivery is \_\$3250\_. The fee for a cesarean section is \_\$3600\_. The fee for a VBAC (Vaginal Birth After Cesarean section) is \_\$3400\_. The self pay discount for our uninsured patients for a delivery that may entail any of the above is \$2800. A **non-refundable** down payment of \$600 is required at your first visit. A monthly payment of \$275 will be charged until full balance of \$2800 is paid in full by the 36th week or 8th month of your pregnancy. You may pay by check, cash or credit card.

*Insurance:* We accept most insurance companies. If you obtain insurance during this time, your payments will be applied toward your deductible until it is met in full.

*Labs/Imaging:* Your care will include 2 sonograms. However, the labs needed for your prenatal care and additional testing is billed separately by the laboratory. You will need to arrange payment plans with the lab.

Hospital Charges: Hospital charges such as Anesthesia for labor epidural or spinal block, are separate services and are not included in this agreement. Hospital stay and circumcision, if requested, are not included in this agreement.

If it becomes necessary for you to transfer care before you deliver, then we will calculate the charge for any amount still owed based on a rate \$68.75 per week of pregnancy gestation. You will receive refund of any overpayment of services. Your records will be transferred to the new provider at no expense to you.

Upon signing this agreement, I have read and understand the payment agreement between myself and Legends Ob/Gyn. My questions have been answered and the care I am seeking has been explained to my understanding. I wholly enter this financial contract with Legends Ob/Gyn and agree to any method of collections if I am more than 60 days past due on my account.

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Print Name of Responsible Party

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Signature of Responsible Party

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Social Security Number

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Date of Birth

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Work Phone Number

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Home Phone Number

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Name of Employer and Address