



WHAT YOU NEED TO KNOW ABOUT BILLING & INSURANCE



No one likes to talk about money, but these are important items to know regarding the cost of your pregnancy.

Insurance Coverage

We do not take pregnant patients without insurance.

Is County OB in your network? Only **you** can confirm the answer to this question.

- You are responsible for calling your insurance carrier to confirm that we (County Ob/Gyn) are in-network, out of network, or are a preferred provider, if your plan offers preferred providers. We are not listed as 'preferred' by every insurance plan.
- You may be asked for our Tax ID: 06-0646973 or our NPI number: 1205822236.
- Ask if you will have a deductible, co-pay and/or co-insurance for each of these: global maternity care, hospital stay, lab work, ultrasounds and any out-patient hospital services. Understand, knowing this helps understand your responsibility to pay.
- Confirm that Yale New Haven Hospital is in-network. This is the only hospital we use for all of our obstetrical care and deliveries.
- Ask if you have a preferred lab for laboratory services. Let us know your preference. We routinely use Yale Labs and Quest Labs.
- Contact County OB Billing Office for additional questions: 203-315-7071.

Billing

Who will send you a bill for services? You will receive bills from various sources that have similar sounding names.

- Yale Medicine for County OB services provided by our providers in our offices and at Yale New Haven Hospital.
- Yale Medicine and Yale New Haven Health for ultrasound scans and/or visits provided at Maternal Fetal Medicine, a division of Yale School of Medicine.
- Yale New Haven Health for your hospital stay and any trip(s) to or services performed at the hospital.
- Yale New Haven Health, Yale Medicine and/or Quest Labs for laboratory services such as blood drawing or other lab testing.
- Note: Yale New Haven Health and Yale Medicine use **PAPERLESS BILLING** unless you request a paper bill. You can change to Paper Billing on your MyChart App.

Genetic Screening

In this OB packet, you will find information regarding Genetic Screening. This 'optional' testing for **genetic disease, conditions and malformations** is performed by a lab specializing in genetic testing. The testing can also provide you with the sex of the baby, if you desire. After your meeting with our provider, you can decide if this optional testing is something you want to receive.

Please read the **Natera Billing Guide** in this OB packet. It will answer your questions on costs and insurance billing. We do not have any specific information regarding insurance coverage and cost. Natera Labs will text you directly with the estimate of costs. We will electronically receive the results of all testing. Additionally, the lab will give you access to a patient portal to access your results. Note, blood drawing for this testing is done at a Yale Blood Draw station only.

Similar Genetic Testing is also available through Quest Labs or Myriad Labs.

Maternity Leave, Bonding Time and Disability Forms

There are many types of leaves of absence that may be available to you and your partner. Routine leave is **6 weeks** for a vaginal birth and **8 weeks** for a c-section; serious illnesses may allow you to qualify for additional disability time.

Here are a few types of coverage you may have:

- Maternity coverage from your employer. Your partner may have this as well.
- Disability coverage for a serious medical condition that disables you while you are pregnant. **Just being pregnant is not a disability; there are medical conditions that are life threatening or debilitating and you may qualify for disability coverage.
- Leave of Absence from your employer; your partner may have this as well.
- FMLA - Family Medical Leave through your employer. This is also referred to as Bonding Time. Your partner may have this as well.
- Connecticut Paid Family Leave may be available to you if you have paid into it and meet the qualifications. Your partner may qualify as well. Go to <https://ctpaidleave.org> for more information.
- Return to work forms. These should be submitted to us after delivery.

You will receive a separate email after 12 weeks of pregnancy with instructions on completing paperwork. Do not submit paperwork prior to 30 weeks of pregnancy unless you have a serious medical condition.

Note, given the number of different types of coverage you and/or your partner may have, we need time to complete our portion. Please allow **14** days for us to complete forms.