

# Maternity Fee & Reimbursement Acknowledgement

SLB Medical Group, LLC d.b.a. SLB Billing

## Verification of Benefits (VOB) \$25.00

In the event of having primary and secondary insurance, the VOB fee will be \$37.50

After all required information is received, it can take up to 7 business days to complete your VOB. At that time, you will receive a detailed email from SLB that will explain your expected benefit for services rendered by your midwife.

### **This fee includes:**

- Contacting your insurance company and obtaining your network benefits
  - Requesting pre-authorization for services, if applicable
  - Requesting an In-Network GAP/Waiver, if applicable
  - Making up to a 2<sup>nd</sup> Level appeal on denial of services

\*Please keep in mind that some insurance plans have exclusions that are noted in your plan documents which may not allow for any exceptions, see plan documents for details\*

## Creation & Submission of Insurance Claims (Billing) \$75.00

In the event of having primary and secondary insurance, the Billing fee will be \$112.50

### \$25 for Medicaid Billing and \$15 for Well-Woman Visits

After your 6 week post-partum visit, we will request the claim detail from your provider. It may take up to 14 business days to submit your claim after all required documents are received.

### **This fee includes:**

- Creating claims from supporting documents received by your midwife
  - Submitting claims via clearinghouse or certified USPS Paper Bill
- We will do follow-up calls to your insurance company to check the status after claims received surpass 30-45 days.
- If the claim is denied, we will do up to a 2<sup>nd</sup> level appeal which includes: corrected claim submission, sending supporting clinical records and communication with your insurance company.

### **All correspondence from SLB will be handled via email**

Disclosure: There will be an 8% commission fee on all paid claims via clearinghouse. You, as the insured, are entitled to reimbursement of monies paid to your midwife. Any funds received exceeding the original amount paid to your midwife will go to your midwife's practice, less your deductibles & co-insurance. We do require copies of all paperwork sent to you by your insurance company for your file, due to out of network providers rarely receive insurance correspondence.

Client Name: \_\_\_\_\_

Midwife's Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*By signing this form, you acknowledge & agree to the above terms as well as give SLB Medical Group, LLC permission to speak and share your personal information with your insurance company\* For more info, please visit our web site at: [www.slb-billing.com](http://www.slb-billing.com)