

BRAD MOORE, MD

OBSTETRICS AND GYNECOLOGY, P.C.

9 Dunwoody Park.
Suite 108
Dunwoody, GA 30338

P (770) 393-1988
F (770) 399-9638
<http://www.BradMooreMD.com>

This is a contract for services between _____ (patient) and Brad Moore, MD Ob/Gyn, PC (BMOG). This contract is for prenatal services provided during the current pregnancy.

For the amount of \$1750 (One thousand seven hundred fifty dollars) the Doctor agrees to provide routine prenatal care, delivery, and postpartum care. This fee includes all routine prenatal labs and tests, all standard ultrasounds (usually four in total), and the prenatal office visits. It does NOT include any visits for complaints unrelated to pregnancy (such as colds and flu) or any additional tests outside of routine pregnancy (e.g. thyroid tests if you have an abnormal thyroid).

This fee also includes the delivery of the baby, whether by vaginal delivery or C-section. It does NOT cover the hospital stay or anesthesia services. BMOG reserves the right to recuperate any money from Emergency Medicaid that may be paid for the delivery.

I understand that I may qualify for Emergency Medicaid and that this will often pay for the anesthesia and the hospital costs. This benefit is usually for six weeks and covers the cost of the six week postpartum care. If for any reason I am unable to get Emergency Medicaid, then I understand that I am responsible for the cost of anesthesia as well as any charges from the hospital.

Payment shall be made in the sum of \$250 at the first visit and then \$250 monthly for the next six months. Payment is due on the first office visit of each month after the first day of the month. In any event, the total amount should be paid in-full two calendar months prior to the baby's due date (for example if the due date is September 8, the entire \$1750 must be paid by July 8). If payment is not made in a timely manner as outlined in this agreement, Doctor Moore reserves the right to terminate this agreement and no longer provide medical services.

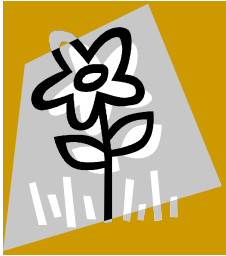
Circumcision of the baby if he is a boy is also not covered by this agreement- this is available for an additional \$100.

By signing this agreement I agree to the terms as outlined above. I understand that I may terminate this agreement at any time, but that the money is nonrefundable. I am entitled to have the results of any tests (labs and/or ultrasounds) performed up to the point of termination of the agreement.

Sincerely,

Bradley B. Moore, MD

Patient Signature _____



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The following is a list of services covered by this agreement, but is not mutually exclusive:

Routine Labs Covered

Blood type and antibody screen
HIV test
Hepatitis B screening
Rubella antibody
Syphilis screening
Complete blood count (check for anemia)
Sickle cell testing
Pap smear
Gonorrhea/Chlamydia screening
Diabetes screening
Group B Strep culture

Labs Not Covered

Cystic fibrosis screening
Herpes testing
Colposcopy, cervical biopsies
Parvovirus testing (Fifth disease)
Thyroid testing

Routine obstetrical visits and obstetrical problems are covered.

Non obstetrical problems such as colds/flu, abnormal pap smear visits, etc. are additional.

Ultrasounds are routinely done at the first visit, 12 weeks, 20 weeks and 28 weeks. Any other ultrasound may be additional. Time permitting, Dr. Moore may perform a 3-D ultrasound at the 12 and 28 week visits for no additional charge.