



# KAISER PERMANENTE®

## Non-Covered Prenatal and Circumcision Care Services

Pt MRN \_\_\_\_\_  
Name \_\_\_\_\_  
DOB \_\_\_\_\_

Thank you for choosing Kaiser Permanente as your health care partner. Our doctors, nurses, and other health care staff work with you to keep you and your baby healthy. We give you the information you need to make the best choices for your growing family. We want you to know ahead of time about some services that may not be covered as part of your prenatal care.

Please read and sign that you understand the following:

Some health care services are not part of routine prenatal care. I understand that I may receive a bill for these services. This includes medical visits to a perinatologist. A perinatologist is a doctor who has extra training to care for women with a high-risk pregnancy. Other services may include:

- referrals,
- certain sonograms, and
- non-stress tests.

I understand that I may receive a bill for health care services that are not covered for my baby. This includes circumcision, if I choose to have my baby boy circumcised in the hospital. There may be a charge of up to \$500 that I will pay out-of-pocket.

Hospital extras, such as a private room, gourmet meals, or baby pictures are not covered.

I understand that I can call Member Services for more information.

Signing this form means I understand that

- some services may not be covered as part of my prenatal care, and
- I may have out-of-pocket costs.

\_\_\_\_\_  
PRINT - Patient Name or Legally Authorized Representative

\_\_\_\_\_  
Relation to Patient

\_\_\_\_\_  
Signature of Patient or Legally Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
*If Applicable:* Interpreter's Signature

\_\_\_\_\_  
Language

\_\_\_\_\_  
PRINT – Witness Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date