

## GLOBAL OBSTETRIC FEE FORM FOR PATIENT TRANSFERS

When an OB patient transfers from one subsidiary LLC ("LLC #1") to another affiliated subsidiary LLC within VitalMD, ("LLC #2"), the total global fee for antepartum care and delivery is collected by LLC #2. Due to the legal affiliation relationship among the LLCs, LLC #1 is not entitled to bill and collect for the ante-partum services rendered. For each location to collect for their corresponding services rendered, each LLC needs to sign below thereby agreeing to the terms of redistribution of the Global OB Fee received by LLC #2. Prenatal Visits will be reimbursed to LLC #1 based on the existing contracted rate for dates of service per payor. Once the Global payment is made to LLC #2, LLC #1 will be entitled to receive, within 2 weeks, the amount stated below.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **EDD:** \_\_\_\_\_  
**Insurance Plan Name:** \_\_\_\_\_

Subsidiary LLC ("LLC #1") where antepartum care began: \_\_\_\_\_

**For OB distribution, payments cannot be attributed to Physician Extenders.**

If a patient was seen by a Physician Extender, please provide the name of the Supervising Physician for each visit:

Visit 1	Visit 5
Visit 2	Visit 6
Visit 3	Visit 7
Visit 4	Visit 8

Subsidiary LLC ("LLC #2") where patient transferred and delivery occurred: \_\_\_\_\_

Enter number of Prenatal Visits at LLC #1 \_\_\_\_\_ Total amount to be transferred \$ \_\_\_\_\_  
 Insurance Plan Name: \_\_\_\_\_

**Prenatal Visits will be reimbursed to LLC #1 as follows: 1-3 visits will pay allowable for 99213 E&M visit, 4-6 visits will pay allowable for 59425, 7+ visits will pay allowable for 59426.**

Each LLC, by signing below, acknowledges and agrees to the above terms for distribution of Global OB Fee:

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<b>Name of LLC#1</b>	<b>signature of LLC#1 Office Manager</b>	<b>Date</b>
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<b>Name of LLC#2</b>	<b>signature of LLC#2 Office Manager</b>	<b>Date</b>
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*FOR CORPORATE OFFICE USE ONLY*

Medical Records requested and reviewed for a visit count. Date: \_\_\_\_\_