



GUIDELINES FOR OB/PRENATAL CARE REIMBURSEMENTS

Please provide a statement showing the specific charge for your obstetric (OB) and/or prenatal care, less any expected insurance payments, to PacificSource Administrators. The resulting balance is the amount that will be reimbursed to you for your OB/prenatal charges.

There are two types of documentation that are acceptable for reimbursement purposes:

1. If you are required to prepay your prenatal care provider, you may submit a copy of your payment agreement to PacificSource Administrators. The payments will be eligible for reimbursement as the payment due dates occur. Extra payments, late fees and/or finance charges are not eligible for reimbursement.
2. If you would prefer to wait until after your child is born, you may submit the Explanation of Benefits or Summary of Benefits provided by the insurance company after they have paid the charges billed. The balance is eligible as of the date of service.

Prepayments referred to in these guidelines are for prenatal care only. Services charged separately from prenatal care will be eligible based on individual dates of services. Hospital charges are eligible only after the actual hospital visit has occurred.

Remember that all claims reimbursements will start once the new plan year is set up and initial payroll reductions for the new plan year have been received from your employer.

If you have questions regarding this or any other reimbursement process, you are welcome to call our Customer Service Department locally at (541) 485-7488 or toll free at (800) 422-7038.