

OBGYN Health Center of Volusia
769 N Clyde Morris Blvd 533 N Clyde Morris Blvd
Daytona Beach, FL 32114
P: 386-258-0123 F: 386-258-6464

Office Use Only:
EDD ____/____/____

Thank you for the trust and confidence you have placed in OB-GYN Health Center of Volusia for your obstetrical care. We are proud to have four physicians in our practice, and all our deliveries take place at **Halifax Health Medical Center**.

Physicians

John Meyers, M.D.
Christine DaSilva, M.D.
Cynthia Baldwin, M.D.
Kelcey Day Carson, M.D.

Hospital

Halifax Health Medical Center
303 N Clyde Morris Blvd
Daytona Beach, FL 32114
386-425-4000

Our physicians rotate on-call responsibilities throughout the week and weekends. This means that if you go into labor after hours and your physician is not on call, one of our other physicians will be there to care for you and deliver your baby.

If you believe you are in labor, we kindly ask that you call our office **before** going to the hospital. After hours and during weekends, please continue to call our main number at **386-258-0123**. Our answering service will promptly forward your message to the physician on call.

If you have any concerns about this arrangement, please let us know so we can review and discuss your options with you.

Sincerely,

OBGYN Health Center of Volusia

I have read the above and agree to the arrangement of the Practice.

PRINT PATIENT NAME

____/____/____
DOB

PATIENT SIGNATURE

____/____/____
TODAY'S DATE

DeliveryConsent2025
REV 10/2025

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IMPORTANT INSURANCE INFORMATION

Please notify our Billing Department immediately if you will have any changes to your insurance plan or insurance company during the duration of your pregnancy. Be sure to bring your new insurance card to your appointment. You may also email the card (*front **and** back*) to our secure email at obgynhcov@femwell.com with **NEW INS CARD** in the *Subject* field. Please, if photographing your card, fill the frame with the card image to minimize background objects.

Insurances we **do not** accept for obstetrical care

- Aetna-AdventHealth Employer
- Blue Edge
- Blue Network
- Blue Select
- Cigna
- Health First Health Plans
- Medicaid
- My Blue
- Simply Blue
- United Healthcare Oxford

There may be other plans we do not accept. If you wish to continue your obstetrical care with our practice, it is recommended to check with our Billing Department before changing your insurance. Our physicians will not be able to continue your care if your new insurance is a plan we do not accept.

If you have any questions, please contact the Billing Department. They will be happy to assist you. You can reach Kristin at 386-258-0123, x141.

I have read and understand the above insurance information and will comply immediately with informing the Practice of any changes.

PRINT PATIENT NAME

____/____/_____
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TODAY'S DATE



RECOMMENDED PRENATAL LABS

The Standard-of-Care in Early Pregnancy

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CARRIER SCREENING

The carrier screening checks to see if a pregnant patient carries any abnormal genes for a select number of inherited diseases. The test can help determine if a patient has an increased risk of having a child with any one of these diseases. A positive screening result may require the father of the baby also be tested. If both parents are carriers, further testing may be a requirement. Below are the test names of this test for each lab:

LAB: Natera TEST: Horizon

LAB: Quest TEST: Prenatal Carrier Screening

LAB: LabCorp TEST: Inheritest

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING

According to the CDC, HIV is the principal cause of Acquired Immune Deficiency Syndrome (AIDS). I am aware of testing, alternative methods of diagnosis, and the medical risk of injury, despite precautions, as well as information regarding measures for prevention, exposure, and transmission of HIV. I understand that the HIV test results will be documented in my medical record. The results will not be disclosed to people outside of the OB/GYN Health Center or its related affiliated medical institutions, except with permission from me or my legal guardian or as otherwise authorized by law.

****HIV TESTING DURING PREGNANCY IS REQUIRED BY THE HOSPITAL****

SICKLE CELL SCREENING (if applicable)

Sickle Cell disease is an inherited disease that causes deformity in red blood cells. These blood cells can become trapped and destroyed by the body. There are not enough red blood cells functioning properly, resulting in anemia. Each parent must be a carrier of the sickle cell trait (or gene) to have an affected child. There is a 25% chance if both parents are carriers of having an affected child. Sickle cell is more prevalent among African American and Latin Americans.

MATERNAL SERUM QUAD SCREENING

The MSAFP Quad screening testing is a noninvasive blood test available to pregnant women who are between 15-18 weeks of pregnancy. The purpose of the test is to identify pregnant women who may be at risk for having a baby with certain birth defects, such a down syndrome (the presence of an extra chromosome and causes both mental and physical abnormalities) or open neural tube defect (occurring when the spine and brain do not develop completely). The MSAFP Quad screening test will not detect all high-risk pregnancies and exceedingly small neural tube defects. Most other birth defects and intellectual disabilities are NOT detectable by this test. High- and Low-test results may require further testing such as ultrasound or more invasive testing like amniocentesis. On occasion, test results can be high or low for no apparent reason.

AMERICAN COLLEGE of OBSTETRICIANS and GYNECOLOGISTS (ACOG) RECOMMENDED

Non-Invasive Prenatal Testing (NIPT) uses a blood sample, taken from the mother's arm to analyze DNA from the placenta and help determine your chance of having a child with chromosomal condition. NIPT poses no risk to your baby, unlike amniocentesis and chorionic villus sampling (CVS), which carries a slight risk of miscarriage.

Insurance companies will usually cover this test for patients who are 35-years or older. ***Patients who are under 35-years old, your insurance company may not cover this test.*** Laboratories will have a discount rate if your insurance does not cover these tests.

I certify that I have read and understand the above information, and that I do not require further explanation or counseling. I understand the decision to have these tests is voluntary and that my health insurance company may or may not cover the tests.

PRINT NAME: _____ DOB: ____/____/____

SIGNED: _____ DATE: _____

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RISK OF SMOKING/SUBSTANCE ABUSE DURING PREGNANCY

My healthcare provider has recommended that I stop smoking/substance abuse. I understand that if I continue to smoke or abuse substances during pregnancy, I am creating dangers for my unborn baby and myself which include:

- Increased risk of miscarriage
- Increased risk of stillbirth
- Increased risk of my baby not being able to tolerate labor contractions which could lead to a cesarean delivery
- Lower than normal birth weight caused by decreased oxygen supply and decreased nutrition to my baby
- Increased risk of premature birth (early labor and delivery)
- Increased risk of health and growth problems in infancy and childhood

I have read the above risks of smoking and substance abuse. I further understand that if I stop smoking or abusing substances, or greatly decrease the amount of my smoking or substance abuse during my pregnancy, these dangers will be greatly decreased.

I give my consent to have random urine toxicology screens performed during my pregnancy.

I understand that the purpose of this testing is to provide better obstetrical care for me and my unborn child. When necessary, referrals to the appropriate agency will be made to treat substance abuse.

PRINT PATIENT NAME

____/____/____
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____/____/____
TODAY'S DATE

WITNESS SIGNATURE

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Date _____

BIRTH PLAN

Dear OB patient,

If you are planning to have a Birth Plan, please submit the plan to your doctor no later than your 20th week gestation. A sample of a Birth Plan can be located on our website **obgynhealthcenter.org**, *Patient Resources, Patient Forms, Birth Plan*.

Keep in mind that the doctors do not accept all Birth Plans. The doctor will review and discuss your Birth Plan with you. Your doctors' goal is to have the safest possible delivery for you and your baby.

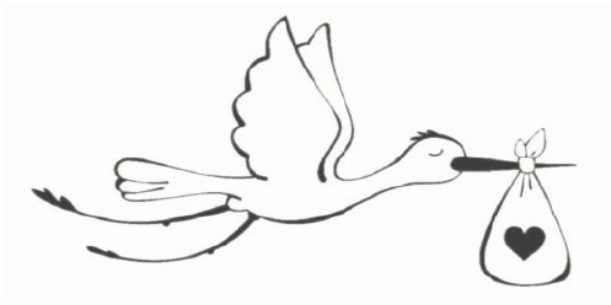
I have read and understand the requirements for submitting a Birth Plan.

PRINT PATIENT NAME

____/____/_____
DOB

PATIENT SIGNATURE

____/____/_____
TODAY'S DATE



“MEET” YOUR UNBORN BABY!

OBGYN Health Center of Volusia

Offers 3D/4D Ultrasounds

You will capture a glimpse of what your baby looks like! 3D/4D Ultrasound Technology allows you to see your baby in live motion from within your womb. See your baby swallow, blink and perform finger movements in mid pregnancy.

It is an incredible, memorable experience that you will cherish for a lifetime. 3D/4D Ultrasounds are performed between 26-31 weeks of pregnancy. To make an appointment, see the Receptionist or call 386-258-0123.

The following is what is included in your one-time session for \$250.00:

- 🕒 45-60 minute 3D/4D session with a Registered Sonographer
- 📷 Black and white thermal photos
- 📀 1-Jump Drive containing still images
- 📱 Images are sent to your Smart Phone and/or Email

Recommendations

For best detailed images, at least 26-31 weeks gestation

Be well hydrated

Eat a small snack just before your scheduled Ultrasound