SHARP

Financial Responsibility Agreement for Hospital Care Provided to a Baby Born of a Surrogacy Agreement and to a Surrogate Mother

We (the "intended parents") have entered into an agreement providing for a surrogate mother to gestate an embryo/fetus (hereinafter "our baby") for us. The surrogate mother's name is _____ (please print).

By our signatures below, we acknowledge and agree that we are responsible for all hospital charges related to the prenatal care, delivery and/or postnatal care (including neonatal intensive care) of our baby (babies) provided at any Sharp HealthCare facility. We agree to be responsible for all such hospital charges notwithstanding any different, inconsistent or contradictory provisions existing in any other document to the extent permitted by law.

In addition, by our signatures below, we acknowledge and agree that we are responsible for all hospital charges incurred by the surrogate mother named above, related to or arising from the gestation of our baby, except as otherwise arranged by contract, which is incorporated herein by reference. We understand that it is our responsibility to provide a copy of any such contract, which will be attached hereto. Even if we fail to provide a copy, however, we agree that any such contract will become part of this agreement.

By our signatures below, we also acknowledge our understanding that all physician charges related to the prenatal care, delivery and/or postnatal care (including neonatal intensive care) of our baby (babies) provided at any Sharp HealthCare facility are not included in the hospital charges. We agree to be responsible for all such physician charges notwithstanding any different, inconsistent or contradictory provisions existing in any other document to the extent permitted by law.

Should enforcement of this agreement require the services of an attorney or collection agency, we agree to pay all such attorney's fees and collection expenses.

_____	_____
Name of Intended Parent (please print)	Name of Intended Parent (please print)
_____ ___/___/_____	_____ ___/___/_____
Signature of Intended Parent Date	Signature of Intended Parent Date
_____ ___/___/_____	
Witness Date	

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Intended Parent #1 Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ ZIP_____

Country _____ Primary Language _____

Phone _____ Social Security Number (SSN) _____

Email _____

Occupation _____

Employer _____ Employer's Phone Number: _____

Employer Address _____

Intended Parent #2 Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ ZIP_____

Country _____ Primary Language _____

Phone _____ Social Security Number (SSN) _____

Email _____

Occupation _____

Employer _____ Employer's Phone Number_____

Employer Address _____

Intended Parents Insurance Information

You are legally responsible for the costs of care provided to your newborn(s) that are not covered by insurance.

Primary Insurance Name _____

Insurance Phone _____

Address _____ City _____ State _____ ZIP_____

Policy # _____ Group # _____

Member # _____ Effective Date _____

Name of Policyholder _____

Secondary Insurance Name _____

Insurance Phone _____

Address _____ City _____ State _____ ZIP _____

Policy # _____ Group # _____

Member # _____ Effective Date _____

Name of Policyholder _____

Note: Please include copies of your insurance card(s), front and back.

Surrogate Agency Information

Agency Name _____

Contact Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

Intended Parents Attorney Information

Attorney Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

Sharp HealthCare offers financial options for intended parents who do not have insurance. The surrogate's insurance, in most cases, does not cover maternity, prenatal care, delivery or postnatal care, including neonatal intensive care. The discounted rate is for the hospital charges and does not include the services of physicians, such as pediatricians, neonatologists and anesthesiologists. Please provide surrogate mother's information on the Surrogate Mother Pre-Admission Form (pages 3 and 4).

For more information, contact Patient Access Services:

- Sharp Mary Birch Center for Women & Newborns Chula Vista: 619-502-3603
- Sharp Mary Birch Hospital for Women & Newborns Grossmont: 619-740-4375
- Sharp Mary Birch Hospital for Women & Newborns San Diego: 858-939-4272
- Sharp Mary Birch Center for Women & Newborns Tri-City: 760-960-3151

You must enroll your baby(ies) under your insurance for it to cover the medical expenses of your baby(ies).
Your surrogate's insurance will not cover medical expenses for your baby(ies) under any circumstances.

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Surrogate Mother Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ ZIP_____

Phone _____ Social Security Number (SSN) _____

Email _____

Occupation _____

Employer _____ Employer Phone _____

Employer Address _____

Surrogate Mother Insurance Information

Primary Insurance Name _____

Insurance Phone _____

Address _____ City _____ State _____ ZIP_____

Policy # _____ Group # _____

Member # _____ Effective Date _____

Name of Policyholder _____

Secondary Insurance Name_____

Insurance Phone _____

Address _____ City _____ State _____ ZIP_____

Policy # _____ Group # _____

Member # _____ Effective Date _____

Name of Policyholder _____

Note: Please include copies (front and back) of the surrogate's insurance card(s).

Visit Information

Pregnancy Due Date _____ Multiple Birth? (circle one) Yes / No

Physician (OB-GYN) Name _____ Physician Phone _____

Intended Parent #1 Information

Name _____

Phone _____ Email _____

Home Address _____ City _____ State _____ ZIP _____

Intended Parent #2 Information

Name _____

Phone _____ Email _____

Home Address _____ City _____ State _____ ZIP _____

Sharp HealthCare offers financial options for intended parents who do not have insurance. The surrogate's insurance, in most cases, does not cover maternity, prenatal care, delivery, and/or postnatal care, including neonatal intensive care. The discounted rate is for the hospital charges and does not include the services of physicians, such as pediatricians, neonatologists and anesthesiologists.

For more information, contact Patient Access Services:

- Sharp Mary Birch Center for Women & Newborns Chula Vista: 619-502-3603
- Sharp Mary Birch Hospital for Women & Newborns Grossmont: 619-740-4375
- Sharp Mary Birch Hospital for Women & Newborns San Diego: 858-939-4272
- Sharp Mary Birch Center for Women & Newborns Tri-City: 760-960-3151

Please submit the surrogate mother's information with the Intended Parents Pre-Admission Form (pages 1 and 2). Pre-admission forms must be faxed or mailed to the hospital where you will deliver:

- Sharp Mary Birch Center for Women & Newborns Chula Vista
  Fax: 619-502-3604
  Mail: Attention: Patient Access Services, 751 Medical Center Drive, Chula Vista, CA 91942
- Sharp Mary Birch Hospital for Women & Newborns Grossmont
  Fax: 619-740-4963
  Mail: Attention: Patient Access Services, 5555 Grossmont Center Drive, La Mesa, CA 91942
- Sharp Mary Birch Hospital for Women & Newborns San Diego
  Fax: 858-939-4102
  Mail: Attention: Patient Access Services, 3003 Health Center Road, San Diego, CA 92123
- Sharp Mary Birch Center for Women & Newborns Tri-City
  Fax: 760-940-4016
  Mail: Attention: Patient Access Services, 4002 Vista Way, Oceanside CA 92056

Congratulations on your pregnancy and upcoming delivery! The staff of Sharp HealthCare looks forward to caring for you. As part of the extraordinary level of care we call The Sharp Experience, we want to exceed your expectations. The following information will help make your experience smoother.

Before your delivery:

- Please advise your attorney to send the Judgment of Maternity and Paternity document to the Social Services Office at the hospital as soon as possible prior to your delivery. Once this is on file with the hospital, the baby(ies) will be admitted under the legal name indicated on the Judgment. The legal parents will then be given matching ID bands, which ensure their access to their baby(ies). As the surrogate, you will be allowed access to the baby(ies) either by showing ID or with a duplicate ID band we will provide. If the Judgment has not been received prior to your delivery, we will do our best to include the intended parents. However, as the surrogate, you will remain legally and financially responsible regardless of when the Judgment is received.

- We have asked your physician's office to submit a Surrogate Pre-Admission Form, which includes necessary insurance information. If you have any questions or would like to schedule a tour of the facility prior to delivery, please call the hospital's Social Work Department:
  - Sharp Mary Birch Center for Women & Newborns Chula Vista: 619-502-5506
  - Sharp Mary Birch Hospital for Women & Newborns Grossmont: 619-740-4906
  - Sharp Mary Birch Hospital for Women & Newborns San Diego: 858-939-4133
  - Sharp Mary Birch Center for Women & Newborns Tri-City: 760-940-7573

- In order for the intended (legal) parents to put their names on the birth certificate after the baby(ies) are born, a certified (original) copy of the Judgment of Maternity and Paternity document must be provided to the Birth Certificate Clerk at the hospital.

- You and the intended parents should decide which visitors you want in the delivery room. However, if a C-section is required, the delivering doctor and anesthesiologist will allow only one support person in the operating room with you.

During your hospital stay:

- If it becomes necessary for the baby(ies) to be admitted to the Neonatal Intensive Care Unit (NICU), the intended parents will be able to be with the baby(ies) and make all appropriate medical decisions if the hospital has received the Judgment of Maternity and Paternity.

- The intended parents will have access to the baby(ies) according to the hospital's visitor policy until the hospital receives the Judgment of Maternity and Paternity. Once the document is received, the intended parents will be treated as the legal parents.

Discharge of the baby(ies) will be to those who are the legal parents at the time of discharge.

Most insurance policies do not cover surrogates for maternity, prenatal care, delivery and/or postnatal care, including neonatal intensive care. Surrogate maternity services are often not covered by standard insurance "maternity benefits." Please review your insurance benefits with your insurance payer.

Intended (legal) parents must enroll baby(ies) in an insurance plan to cover medical expenses. Surrogate insurance will not cover medical expenses for baby(ies) under any circumstances. You will be billed by the physicians and hospitals for any non-covered expenses. It is your responsibility to pay.

If you have any financial questions, please contact the hospital's Business Office:

- Sharp Chula Vista Medical Center: 619-502-3603
- Sharp Grossmont Hospital: 619-740-4375
- Sharp Mary Birch Hospital for Women & Newborns San Diego: 858-939-4272
- Sharp Mary Birch Center for Women & Newborns Tri-City: 760-940-7329

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