

Financial Agreement for Homebirth Midwifery Services

It is agreed that Karen Webster, CPM has been contracted to provide services to _____ and that payment for these services in the amount of \$ _____ is due in full by _____ (at least one month before the estimated due date).

A payment schedule is hereby agreed upon by both the client and the midwife.

The terms are as follows:

1st payment \$ 500.00 nonrefundable deposit at initial appt.	6th payment \$ _____ by _____
2nd payment \$ _____ by _____	7th payment \$ _____ by _____
3rd payment \$ _____ by _____	8th payment \$ _____ by _____
4th payment \$ _____ by _____	9th payment \$ _____ by _____
5th payment \$ _____ by _____	Balance \$ _____ by _____

Other terms and conditions:

A discount will be given for CASH payment in full by 36 weeks

*Please note that the \$6500 umbrella fee covers the basic services for a normal pregnancy. Any services beyond those listed in the first section are billed separately. Each pregnancy and birth is different and additional charges will vary accordingly. In case of termination of services or a decision to transfer care to another provider, an adjustment will be made whereby \$250.00 will be charged for the initial prenatal visit and \$175.00 will be charged for each subsequent prenatal office visit and \$250 for each home visit. **This is in addition to the \$500.00 initial deposit.** Reimbursement of fees will occur within 30 days. **No refunds will be given if care is transferred after 36 weeks due to a decision by the parents. If the midwife decides to transfer care to another provider before labor begins there will be a refund of \$1000, if the full fee has been paid.***

The umbrella fee for these services is \$6500, which includes:

- Initial Prenatal visit
- Global maternity care including *up to* 10 prenatal office visits as well as labor, birth and immediate postpartum care for mother and baby (for up to a total of 24 hours of in-home services)
- 36 week home visit
- Initial newborn care
- *Up to 3 home postpartum visits for mom and baby*
- 6 week postpartum visit for mom and baby
- Standard midwifery supplies to be used during labor & birth
- a qualified birth assistant at your birth
- On-call availability of a midwife throughout your pregnancy

In the event of complications during labor or birth, or voluntary decisions that result in hospital transport, the fee for midwifery service will remain the same. If hospital transport occurs, a midwife or student, birth assistant will accompany the client and provide labor and postpartum support.

If we are billing insurance for you, and your reimbursement is higher than the fee of \$6500, we retain that. If the circumstances of your pregnancy, labor, birth or postpartum require time and visits beyond what is outlined

above or considered standard, you may be responsible for additional payment or co-insurance fees associated with the extra costs incurred.

Possible circumstances resulting in additional charges include:

- Visits to address non-routine or non-pregnancy related problems
- Visits to check progress of labor
- Use of IV or IM Antibiotics, RhoGAM, Vitamin K and other medications during labor or postpartum
- Newborn metabolic screening and newborn hearing tests
- Infant weight check visits
- Prolonged labor beyond 24 hours of service in your home or in the hospital setting (in the case of a transport or transfer of care)
- Prolonged immediate postpartum care beyond 6 hours after the birth.
- Additional postpartum visits for extra support with breastfeeding or other conditions or problems.
- Travel outside a 45 mile radius

WomanWise sends lab work including blood tests, cultures, urine tests, and pap smears to LabCorp, Quest or GenPath. They will bill you or your insurance company directly.

The following services or products are related to other practices or businesses and billed by them:

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|---|--------------------------------|
| ▪ Ultrasound | ▪ Physician fees |
| ▪ Amniocentesis and chorionic villi testing | ▪ Hospital charges |
| ▪ Circumcision | ▪ Childbirth classes |
| ▪ Non-stress tests | ▪ Dietary & herbal supplements |
| ▪ Biophysical Profiles | ▪ Birth kit |
| ▪ Newborn Hearing test | |

Payment Guidelines:

1. Payments must be timely and in accordance with the above payment schedule. I would appreciate hearing from you as early as possible if you anticipate any difficulty with payment so that other arrangements can be made. Any changes must be discussed in advance and agreed upon by both midwives and parents. Changes will be noted in writing on this financial agreement.
2. Please mail or have someone deliver your payment so it will arrive on time, according to your pre-arranged schedule. Late fees of \$25.00 per month will be added to your balance for delayed payments unless a previous arrangement was agreed upon.
3. There is a \$30.00 service charge on all returned checks.
4. Failure to make timely payments will result in a delay in your subsequent prenatal visit and could ultimately jeopardize your continued care.
5. I accept cash, check, Visa, or MasterCard (credit card payments via PayPal/Square) for your convenience. **There is a 3% fee for using PayPal/Square)of \$195**

We agree to the terms of the above financial arrangement and agree to pay the full amount agreed to regardless of insurance coverage. We acknowledge that if we are billing our insurance company that we are responsible for mother and baby's deductibles, as well as co-insurance on our policy.

Client name _____ Signature _____ Date _____

Partner name _____ Signature _____ Date _____

Midwife name _____ Signature _____ Date _____