



Contract for Midwifery Services and Financial Agreement

Birth Wisely, LLC., represented by _____, CPM, intends to serve prospective client(s) _____, who agree to the following terms and conditions for the provision of services by Birth Wisely, LLC:

STATEMENT OF FEES

The fee for Birth Wisely, LLC Midwifery Service is \$5000. For this amount, you receive:

- A full physical exam, as needed or desired
- Basic prenatal lab work (Prenatal panel w/HIV, Vitamin D, TSH, Urine culture, Glucose screening, GBS swab)
- A full schedule of prenatal visits: once monthly until 28 weeks; twice monthly until 36 weeks; once weekly until 40 weeks; more visits as required past 40 weeks
- A Home Visit between 36-38 weeks
- A copy of Natural Pregnancy by Aviva Romm, The First Forty Days by Heng Ou, or Real Food for Pregnancy by Lily Nichols
- One 2oz bag of Forest and Meadow's Glorious Pregnancy Tea
- Attendance by an experienced home birth midwife and an assistant midwife at your labor & delivery
- Birth kit with essential supplies for birth
- Use of a labor tub
- 5 postpartum home visits (more if necessary)
- Birth Certificate paperwork
- Newborn vitamin K (preservative-free intramuscular or oral versions)
- Office visits at 6 weeks postpartum (and optional 12 weeks)
- Professional and timely transfer of care with tailored doula care, as indicated
- Any additional visits necessary during the period of coverage
- Use of my lending library
- Unlimited phone availability when on call
- ****Specialized labs, supplements, herbs, additional birth & comfort supplies, birth pool supplies, newborn metabolic screen not included*

RETAINER FEE

A NON-REFUNDABLE retainer is required at your first visit (\$500 of which is non-refundable). We limit the number of clients we care for in our practice. Therefore, your retainer serves to reserve a place in our care. For this reason, if you should transfer care (for any reason) prior to the birth of your baby, \$500 will be considered non-refundable and will not apply towards any itemization of your care. However, should itemization be required after the birth of your baby, we will apply the entire retainer towards your itemized bill.

The total retainer amount required at your first visit is determined by when your care begins:

- In your 1st trimester (up to 12 weeks) \$500
- In your 2nd trimester (up to 27 weeks) \$750
- In your 3rd trimester (28 weeks or beyond) \$950

LATE FEES & PENALTIES

Returned Check Fee is \$5.00 and up. There will be a minimum charge of \$5 for any check that is returned due to insufficient funds. If a returned check costs any additional bank fees, you will also be expected to pay whatever additional fees are charged to the bank account. Additional charges may also be applied when a contract is not paid in full by the final due date:

- 1 – 30 days late - \$50 fee
- More than 30 days late - \$100 fee
- Every subsequent 30-day period with an outstanding balance – 10% late fee on remaining balance

INSURANCE

Many insurance companies and sharing plans now cover all or a portion of homebirth costs. (State insurance plans do not.) If you have insurance that will cover midwife-attended homebirth, our biller will bill your carrier after the baby is born for the usual and customary charges for the various services involved in your care. They may choose to cover the cost of your birth, minus any deductible, co-pay, or out-of-plan provider deduction, but we cannot guarantee this. Once payment is received from the insurance company, your fee will be reimbursed to you. You are responsible for all co-pays and deductibles. A fee of \$25 will be charged to you to obtain a Verification of Benefits (VOB) from your insurance provider if you plan to seek insurance reimbursement, and an 8% service fee will be charged by our biller – of which Birth Wisely, LLC is responsible for. A fee of \$75 is charged to you for filing after your last postpartum visit. If any abnormal conditions arise during the prenatal period necessitating the termination of these services before the 37th gestational week, the fee to your insurance company will be prorated based upon the length of pregnancy and services provided, as follows:

Initial Visit - \$300
Routine Office Prenatal Visit - \$110
Complex (non-routine) Office Visit - \$215
Home Visit - \$265
Supplies – Actual Cost
Labs – Actual Cost
Initial Retainer – Non-refundable
(Fees are based upon current 2020 Medicaid fee schedule for a Non-Facility Provider)

TRANSFER OF CARE

There may develop at any time during the childbearing cycle various complications which the midwife and/or the client might feel contraindicate a safe out-of-hospital birth. You are encouraged to ask questions and your midwife will gladly explain the reasoning behind any procedure or medical decision. Your midwife will appropriately and professionally arrange for transfer of your care with one of several local obstetricians, or the obstetrician of your choice. In an emergency, your midwife will transfer with you to the nearest hospital. If you transfer late in pregnancy, or during labor, your midwife will accompany you during your labor and birth in the hospital as your doula. *Postpartum care will continue for 12 weeks after the baby is born unless you opt out.* Transfer of care at 36 week or more, or during labor and birth does not constitute grounds for a refund of payments made.

If any medical situations arise during the labor and birth or postpartum period requiring the mother or newborn to be transported to the hospital, you will not be entitled to a reimbursement, and any refunds made after this date are solely at the discretion of the midwife. We understand that midwives cannot guarantee that circumstances will always allow for birth to occur at home or that physician and/or hospital care will not be necessary for the mother or newborn following the birth. The midwives will have performed their services regardless of any such medical emergencies and must be compensated for their services.

REFUNDS

Refunds and insurance billing for transfer of care before 36 weeks will be handled on a case-by-case basis. All charges accrued from hospital, doctor, or other medical charges will be your responsibility, and are not included in this financial agreement. Refunds are not issued if the client chooses to discontinue care at any time, or if client chooses to not include midwife in transfer of care for labor and birth circumstances, including preterm labor. The midwife will line-item bill for all services rendered if the client opts out of care at any point, nullifying this agreement.

MISSED BIRTH – PRECIPITOUS LABOR

Rarely, a birth is missed by the midwife for reasons out of her control. These may include, but are not limited to:

- Your labor and birth happen so rapidly that your midwife may be unable to make the delivery of your baby.
- The midwife was not called by the family during the labor and birth
- Unfavorable weather conditions that make the roads impassable or difficult to traverse
- Birthing in a location that is of a great distance from your midwife

Please rest assured that every attempt will be made to attend your birth once the midwife is called in. If circumstances arise that prohibit your midwife from attending your birth, the fee for services will not be reimbursed. Your midwife will guide you over the phone while traveling to you, arrive to your birthplace as soon as possible, and provide your family with immediate postpartum care, and the standard postpartum care described in this contract. Special circumstances will be evaluated on a case-by-case basis.

STUDENT MIDWIVES

Your midwife will inform you if she has a student that is assisting and learning with her. All students must be supervised with a midwife present. You have the right to refuse any care performed by the student and may inform the midwife if you prefer no students at your birth.

FINANCIAL AGREEMENT FOR MIDWIFERY CARE AND PAYMENT OPTIONS (Please initial)

_____ I/We agree to pay the fee of \$5000 for homebirth midwifery services provided by Birth Wisely, LLC and staff. This financial agreement covers the midwifery care as outlined above, and I/we have had an opportunity to discuss my/our options before signing this document.

_____ I/we agree to pay this amount according to the following payment schedule:

- 1. Payment of \$5000 within first three visits:

The following is an example of a payment schedule for this plan -

- Initial Visit - \$500.00 Retainer Fee
• 2 payments of \$2250.00 at the following two visits

OR

- Initial Visit - \$750 Retainer Fee
• 2 payments of \$2125.00 at the following two visits

- 2. ___ Bi-monthly payments of ___ on ___ date of the month
3. ___ Monthly payments of ___ on ___ date of the month
4. ___ Alternate payment plan as outlined below:

All payments will be applied to the agreed-upon fee balance.

_____ I/we understand that we have several options to pay:

- Square Up (Credit/Debit)
• Square Cash (email wire)
• Cash
• Check
• Money Order
• Venmo

_____ I/we understand that the agreed-upon fee must be paid in full by TWO WEEKS BEFORE our due date. If I/we are truly unable to make full payment by this date, I/we agree to discuss this matter with the midwife. If a payment is missed, I/we will be asked to submit post-dated checks for the remaining balance. I/we understand that the agreed upon fee may be subject to change if the terms of the contract are not upheld by the client.

_____ I/we have read and understand the terms of this contract and financial agreement. Today's Date: _____

Client Name (please print) _____

Client Signature _____

Other Responsible Party _____

Other Responsible Party Signature _____

Midwife Signature _____