

Financial Agreement

A clear understanding of the financial agreement with our midwives helps ensure a smooth working relationship. Toward that end, you are expressly entering into this financial agreement.

Global Fee

The global fee for services provided by Kimberly Spencer, CPM, Marecha Jackson, CNM and their assistants is \$3,500 which includes:

- Minimum of 4 routine prenatal and postpartum visits
- Maximum of 15 routine prenatal and postpartum visits
- Attendance during your labor, delivery, and immediate postpartum period
- Home visits during the first week postpartum
- On-call availability 24/7 from your 37th week of pregnancy through 1 week postpartum

Additional expenses may include but are not limited to:

- Lab work
- Fees for non-routine visits or procedures
- Fees for each additional visit over the 15 prenatal and postpartum visits stated above
- Medications, such as Rhogam or antibiotics

The global fee does not include any services not performed by the midwives or their assistants, including but not limited to physician consultations, ultrasounds, or other visits to an outside provider.

You must pay a deposit of a minimum of 50% of the global fee by 36 weeks if insurance is to be billed for midwifery services. This amount may be greater than 50% according to the required deductible and co-payment amounts of the insurance policy. In the event of over-payment, a refund will be issued minus any deductible and co-pay amounts.

You must pay any remaining balance after insurance benefits are applied. Any fees not paid within 12 weeks after the birth are subject to a monthly interest fee of 10% of the total remaining balance.

A discount is offered for payment-in-full of the global fee by 36 weeks. The discounted fee is \$3,200.

One home visit is customarily performed at the end of your pregnancy and home visits are provided as necessary during the first week postpartum. You may request extra home visits for an additional fee. This fee is stated below. We cannot guarantee that requests for home visits can be accommodated.

Refund Policy

The global fee includes a \$700 non-refundable reservation fee. This is not a separate fee, but rather a portion of the global fee that can not be refunded should care be ended.

If care is terminated during the prenatal period, fees will be itemized for each service or procedure performed, including but not limited to prenatal visits, travel fees, lab work, fees incurred for insurance filing, and the non-refundable reservation fee.

You must pay any remaining balance on itemized charges if care is terminated during the prenatal period; or a refund may be issued to you for any amount paid in excess of the total of itemized charges.

If applicable, refunds will not be issued until all outstanding claims are paid or denied by your insurance company.

Sometimes safe midwifery care means recognizing complications and transferring care to a hospital during labor or the immediate postpartum period. Should this occur, the midwife has fulfilled her duties to ensure a safe delivery and no refund will be issued.

No refund will be issued should the midwife be unable to attend the delivery due to unforeseen circumstances and a back-up midwife is sent in her absence.

The midwife will make every attempt to arrive as quickly and safely as possible, but delayed arrival due to unanticipated poor traffic or weather conditions is not grounds for a refund.

No refund will be given if the midwife arrives after the delivery as a result of delayed notification of labor status or a precipitous (very quick) delivery, or if the midwife is not called to attend the delivery.

A partial refund may be given if the midwife fails to respond to calls in a timely manner or, in the event of illness or attendance at another birth, is unable to send a back-up midwife in their place.

No refund will be given for refusal to accept routine prenatal or postpartum visits or if the midwife is not called to the delivery.

Refunds are usually received within 4 weeks, however be advised it may take up to 12 weeks to receive funds once it is determined a refund is due.

Termination of Care

The midwives have the right to terminate their services if payment is not received as agreed.

Payment Agreement

If applicable, the following agreement is made contingent on verification of benefits and the manner of payment of prenatal claims by your insurance company. The agreement is subject to change should it become apparent that your insurance company cannot be relied upon to pay their expected share. In this event, a revised payment agreement will be provided and signed by all parties.

I agree to pay the global fee of \$3,500, and if paying by insurance a deposit in the amount of \$_____ is due by _____ (36 weeks). If extra home visits are provided by request, the fee for additional home visits is \$_____ per visit.

OR

I agree to pay the entire global fee in-full by _____ (36 weeks) in exchange for a discounted fee of \$3,200. If extra home visits are provided by request, the fee for additional home visits is \$_____ per visit.

I agree to make regular payments in the amount of \$_____ per month unless alternate arrangements are made and agreed to by the midwife as stated below.

Alternate/Additional Arrangements:

I have read the financial agreement and understand and agree to the terms listed.

Client

Date

Other responsible party (partner/father of baby)

Date

Midwife

Date