

Nashville Midwifery Service

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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 Nashville Midwifery Service is \$3,600 which includes:

- Minimum of 4 routine prenatal and postpartum visits
- Attendance during your labor, delivery, and immediate postpartum period
- Home visits during the first 2 weeks 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
- Birth pool rental

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.

If insurance is to be billed for our services, you must pay a minimum of 50% of the global fee by 36 weeks with a plan to ensure the remaining balance is paid in full by 12 weeks after the birth. In the event of over-payment, a refund will be issued minus any deductible and co-pay amounts. Any balance remaining after 12 weeks is 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.

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.

The midwives prefer to work together as a team to provide your and your baby's care. Sometimes special circumstances do not allow for both midwives or their assistants to be present. The following policies apply regardless of how many or which midwives or their assistants participate in your care.

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.

Please initial below:

Please initial below:

_____ I understand and agree to pay the global fee of \$3,600, and if paying by insurance a deposit in the amount of \$_____ is due by _____(36 weeks).

_____ I understand and agree to pay the global fee in-full by _____ (36 weeks) in exchange for a discounted fee of \$3,200.

_____ I understand that any balance remaining after 12 weeks postpartum is subject to a monthly interest fee of 10%.

_____ I understand that lab work and medications are not included in the global fee and agree to pay for those items separately.

_____ I understand and agree to pay a rental fee of \$50 if I choose to rent a birth pool from my midwife.

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