



Financial Agreement for Midwifery Services

- Highland Midwife Birth Services
- Sunrise Midwifery

Fees

Your midwife charges a Service Package fee of \$3,500 of which \$3000 is due to the midwife by 36 weeks of gestation for cash clients, and the remaining \$500 by 6 weeks after the birth. The midwife is contracted with Medicaid, and bills other (private) insurance as a non-network provider, according to the medical billing and coding guidelines set by the American Medical Association. Clients with private plans pay only their estimated share up front for services. Payments can be made in cash, by personal check, or paid online with a credit or debit card (the 3% fee to Silver Sage for card processing will be deducted after delivery from any insurance funds). Trades considered.

Regardless of the insurance plan you have, you are responsible to pay: 1) a \$200 non-refundable deposit for the birth assistant fee, due at the initial prenatal visit with the midwife in order to secure your exclusive place in her schedule and the attendance of the assistant midwife at your birth; 2) your birth kit with disposable birth supplies; 3) the \$150 travel fee if you live outside of the area between the city limits of Yakima (including Selah), Tri-Cities, and The Dalles; and 4) any herbs or supplements that you and your midwife deem necessary. The midwife and client agree on a payment plan at the initial visit, and **may mutually revise it upon determination of insurance benefits** for a pre-payment of the greater of \$2,000 or the non-insured amount. See Page 2 for Payment Schedule options.

Service Package

The \$3,500 Service Package includes your initial visit, global maternity care, day of birth newborn exam, and one follow-up newborn visit. Global maternity care consists of routine obstetric care including routine prenatal care in the office, vaginal delivery, and routine postpartum care. This includes: up to 4 total home visits; blood draws by midwife; referrals written for lab work, imaging, and screening; some routine supplies; full-time telephone access to your midwife; access to the lending library; and birth tub rental.

Global maternity care does not include among other services; lab fees, ultrasounds, medication administration, prescription or herbal medications, birth supplies kit, extra non-routine supplies, charges incurred due to transfer of care during pregnancy or birth, small additional charge for VBAC, travel fee for long-distance clients, birth assistant fees, or additional and frequent visits due to complications of pregnancy. We try to keep such charges to a minimum. Any care beyond your routinely scheduled care will be billed separately. Medical problems complicating labor and delivery management may require additional resources, which will be billed separately. At the time of birth the newborn is a separate patient and will be billed separately.

Insurance Claims

Many insurance plans cover the services of a licensed midwife for a planned home birth. It is best to check your insurance to make sure a licensed midwife is a covered provider type. DSHS in Washington and OHP in Oregon are the State Medicaid Plans. These plans pay for midwifery care. The state Medicaid plans use many subcontractors, so check your plan for coverage details and make sure your midwife is covered under the subcontracted plan. Any pre-authorization needed by your insurance can be done by you (I recommend doing this far in advance if possible, and have forms to help you with this process), or by the midwife or her biller (recommended); this information should be shared as soon as possible to help plan how best to manage the various billing and payment options - which you may wish to change once you know what your insurance benefits will and will not cover for you.

The biller manages all insurance claim submissions; Especially Births Medical Billing Service (Tracy at 206-388-4242). After the birth of your baby, the midwife submits a list of services to the biller who then bills your insurance. The biller's fee only applies if insurance is used, and is 8% of the total amount paid to the midwife by either you or your insurance; this fee will either be subtracted from the insurance reimbursements, or paid by you if everything billed is applied to your deductible and none goes to the midwife's fees (which is a cost-saving option that clients may choose if they have a need for their deductible to be satisfied due to other medical bills). Please bring your insurance card and photo ID to your first appointment (or clear copies), so that we can determine your benefits before creating a payment schedule, and also so that the biller has the required information in time if you choose to use insurance.

Additional Information

Your midwife's fees are competitively priced, cost-effective and accurately reflect the quality of your midwifery care. Her ability to provide this type of care is dependent upon being adequately and promptly reimbursed for her services. The reimbursement process takes anywhere from three weeks after the bill has been submitted, to more than five months. In many cases, your midwife would be waiting almost a year before being reimbursed for any of her work. In a small, client-centered practice where she cannot rely on volume to maintain a steady income, this is unsustainable, so partial pre-payment and modest birth assistant fees are paid by clients in advance. Charges that are additional to the basic Service Package fee can be billed after the birth; those are not required in advance.

During the course of pregnancy or birth, it may become necessary to transfer you to the care of another provider, either because of the midwife's judgment or client request. In the event of transfer of care for any reason, the services billed will be pro-rated to reflect the services rendered prior to the transfer of care.

The client agrees to pay any costs, including court costs, associated with the collection of delinquent charges owed to midwife. Any balance delinquent over 90 days is subject to a 1.5% monthly interest charge. The client also agrees to pay a \$35 fee for each returned check in addition to any fees assessed by the midwife's bank in relation to a returned check from the client. The midwife reserves the right to discontinue service or charge a late payment fee of \$75 to clients who do not make scheduled payments as planned.

Disclaimer

The client relieves the midwife of any financial responsibility arising from outside medical care, including but limited to care received after transfer of care or transport to the hospital. The client understands that if the bill has not been paid according to the terms and scheduled payments outlined in this agreement, the midwife cannot attend the birth unless other arrangements are made in writing. The client also agrees to assume primary responsibility for the outcome of this pregnancy and birth and to the extent permitted by law, will not hold the practice, the midwife, or her assistants responsible for outcomes that are a result of complications beyond their control.

Client _____ Date _____ Midwife _____ Date _____

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Financial Agreement for Midwifery Services - Payment Schedule

Service Package*: \$ 3500
 Amount due at 1st visit: \$ -200
Due by 36 weeks: \$-2800
 Balance due after birth: \$ 500

Client Signature _____ Date _____
 Midwife Signature _____ Date _____

Trimester at start of care:	Suggested Monthly Payment Plans (midwife will record actual amounts paid below)								
	Deposit	Pmt 1	Pmt 2	Pmt 3	Pmt 4	Pmt 5	Pmt 6	Travel Fee**	Final Pmt
1 st	\$200	\$500	\$500	\$500	\$500	\$500	\$300	\$150	\$500
2 nd	\$200	\$700	\$700	\$700	\$700	\$0	\$0	\$150	\$500
3 rd	\$200	\$1400	\$1400	\$0	\$0	\$0	\$0	\$150	\$500
DSHS	\$200	\$0	\$0	\$0	\$0	\$0	\$0	\$150	\$0
Your Custom Plan***									
Payments by Client: <small>(date, amt, # of check or invoice)</small>	date								
	\$								
	#								
Pmts by Insurance: <small>(date, amt, # of check or invoice)</small>	date								
	\$								
	#								
Refunds to Client: <small>(date, amt, # of check or invoice)</small>	date							Paid in full date: _____ <input type="checkbox"/> by 36 wks <input type="checkbox"/> by 6 wk ppm <input type="checkbox"/> other: _____ <input type="checkbox"/> balance uncollectible: \$ _____ midwife initials: _____	
	\$								
	#								

*See Page 1 for limitations of the Service Package. This is the basic fee for midwifery care, and other charges may apply.

**Travel Fee is only applicable if you live outside of the defined service area (see Page 1), due at 37 weeks when your tub is delivered.

***You may choose to create a customized alternative payment plan after determination of your insurance benefits and expected out-of-pocket expenses.

Insurance Disclaimer: While we will make every effort to help you confirm what your actual benefits are, your insurance policy is a contract between you and your insurance carrier, whereas your bill with your midwife is an agreement between you and your health care provider. You are responsible for all charges whether or not they are covered by your insurance. It is your responsibility to know what your policy covers and what it does not. A verbal quote of benefits from your insurance carrier is not a guarantee of payment. Payment is determined according to the plan provisions of your insurance policy (or any exceptions/approvals made in writing) at the time services are rendered. You are financially responsible for your co-pays, coinsurance, deductible, and any charges not covered by your policy for yourself and your newborn. Excessively overdue accounts may be forwarded to a collections agency and you will be responsible for any fees generated as a result of collection efforts.

Notes: _____
