



Parties

This contract is between Highland Midwife Birth Services (Highland) and client _____.

Fees: We regret that **we are unable to finance your birth, but United Medical Credit can do so.** For cash or private insurance claims either a discounted pre-paid package fee of \$4,750 or your full Estimated Patient Responsibility plus the biller's fee is due by 35 weeks gestation. Please see Page 2 for more detailed Payment Options and Agreed Payment Plan.

Retainer Fee Because we are a small practice and are careful not to over-book clients, a non-refundable deposit of \$500 is due at your first appointment after your initial consult, when you return your contract paperwork to us and begin care. This insures your place on our schedule, and the attendance of assistants, students, and if necessary backup midwives at your birth.

Service Package Our package of services meets or exceeds the medical standards for complete maternity care.

Included in the Pre-Paid Service Package Fee:

- Initial consult and nutritional counseling
- Routine prenatal visits on the standard care schedule
- Referrals to specialists, or for ultrasound imaging if indicated
- Labor and birth at your home; includes suturing if needed
- Second midwife and/or student assistants, backup on call
- Newborn exam and one follow-up newborn visit
- Routine postpartum visits (first one at home) to 6 weeks

Not Included in the Pre-Paid Service Package Fee:

- Your birth kit of disposable supplies, which is less than \$100
- Medications if any, and nutritional or herbal supplements
- Birth tub rental, delivered to you at 37 weeks* (see Note)
- Additional newborn / lactation visits* (see Note)
- Fees for outside services (all can bill to insurance), such as:
 - Costs for lab tests (usually between \$50-250 for cash)
 - Ultrasound fees (only if needed)

***Note:** Fees for these specific additional services will be waived for clients using Payment Option 1 only (please see Page 2).

Insurance Billing: With the notable exception of healthshare plans, please understand that insurance reimbursement (private or not) no longer covers the costs of providing you with care. Due to the poor pay and abusive practices of insurance companies under the Affordable Care Act, Lorri will no longer accept Medicaid, but will be your named primary midwife if you select Option 1 or Option 2 on Page 2 of this form. Lorri will consider deep discounts for cash-pay for clients with Medicaid who opt not to use it. Rebekah contracts with Medicaid in Washington, and will be your primary named midwife if you must use a Medicaid-based insurance (Option 3). If you plan to use private insurance, care should be taken to determine your benefits immediately, so that any required network exceptions or pre-authorizations can be done by our biller at the start of your care. The amount of claims reimbursement that you can expect to receive varies greatly depending on your policy, and a form ("Benefits Questionnaire") is provided in your packet to help you interview your carrier for that information. We have the right to accept claims payments greater than the discounted pre-paid package fee, because that is discounted only for prompt pay in full by 35 weeks (which insurance does not), and to balance-bill you for charges which your policy does not reimburse in full. The prompt-pay package fee cap of \$4,750 only applies if you elect to pay the full package fee by 35 weeks (Option 1), otherwise fees will be itemized at our standard rates (all available on request). Please bring your insurance card and photo ID to your first appointment so that we can order your labs, and as soon as possible send the billing fee to Especially Births if our biller is to submit for you any claims to insurance, which may require pre-authorization.

Additional Information

Transfers: During the course of pregnancy or birth, it may become necessary to transfer you to the care of another provider. If the decision is made to transport you and/or your baby to the hospital during your labor or immediate postpartum, no refund of our fee will be given. If, prior to your 36th week, you decide to transfer or terminate care or we decide that a transfer of care is necessary for the safety of you or your baby, \$200 will be the pro-rated fee for each visit with me, plus a \$75 initial chart fee. If you transfer care for non-medical reasons at or after 36 weeks gestation, no monies paid to Highland will be pro-rated and/or returned.

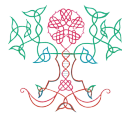
Disclaimers: Highland reserves the right to decline to accept Medicaid or any other insurance plan at any time, especially plans which are not under the direct jurisdiction of the Washington State Insurance Commissioner. We also reserve the right to discontinue service or charge a late payment fee of \$75 to clients who do not make scheduled payments as planned.

The client agrees to pay any costs, including court costs, associated with the collection of delinquent charges owed to Highland. Any delinquent balance 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 client relieves Highland 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, midwife, or her assistants responsible for outcomes that are a result of complications beyond their control.

*This is a complete, legally-binding contract: if any portion is rendered unenforceable, all other provisions shall remain in effect. The undersigned **understands** the above information, and **accepts** full responsibility for the fees incurred under this contract.*

Client (print name): _____ Client (signature): _____ Date: _____



Financial Agreement

The below-signed client understands that the non-refundable Deposit/Retainer of \$500 is due at the client's second appointment (for care, after the initial consult). Failure to comply with the terms of payment will result in the midwives being unable to attend the client's birth.

Payment Options For any method of payment selected below, you can get a loan from United Medical Credit (UMC) that will cover your cash expenses, through the direct link posted on our website. These options are currently offered, each subject to availability and mutual agreement (please indicate which option you are selecting by **checking only one of these boxes**, as each has very different terms that are not interchangeable):

- 1. Cash;** (check/trades/credit card/United Medical Credit loan) you pay in full \$4,750 by 35 weeks, and we give you an itemized receipt for your taxes, your healthshare plan, or for you to submit your own insurance claim. **Additional fees for our services will be waived only if paid by 35 weeks.** Note that if you choose at the beginning of care to also hire our biller (\$300 flat fee), she can pre-authorize your care, submit your claims to insurance, and file appeals for you, but that option is no longer available after your birth.
- 2. Private Insurance Claim;** A \$500 deposit is due at your second appointment, + \$300 to cover the costs for our biller, who will submit a claim to your insurance, and file one appeal for you if needed. The biller will calculate your Estimated Patient Responsibility (EPR) as closely as possible; it may change depending on how well your insurance actually pays your claims. You then pre-pay your EPR in full to Highland Midwife by 35 weeks. **Standard billing practices will apply** (no prompt-pay discounted package fee applies).
- 3. Medicaid;** is only accepted by Rebekah Pierson (*no deposit required*). It will only pay for your routine care and labs, but not for decent quality vitamins or herbal supplements, nor your birth kit, nor for extra care -- payment for those non-covered services are due when provided. If you also specifically want Lorri at your birth, she no longer accepts Medicaid and she charges a \$500 on-call/assistant fee, due by 35 weeks. A UMC loan **can** cover those costs. In either case, your birth team is still drawn from the same student midwives.

Please submit to your midwives **your** proposed payment plan below, one which is practical for you, under Agreed Payment Plan.

Agreed Payment Plan: (client fills out)			Actual Payments Made: (midwife will fill in this portion as payments are received)					
Amount Due	Example	Date Due / by Wks	Amount Paid	Date Paid	Check #	Paid by	Refunds	Balance
\$500.00 +300 billing fee	\$880	/ 2nd Appt.				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$250	/ 12 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$750	/ 16 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$750	/ 20 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$750	/ 24 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$750	/ 28 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$750	/ 32 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$250	/ 35 wks				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
						<input type="checkbox"/> client <input type="checkbox"/> Insurance		
						<input type="checkbox"/> client <input type="checkbox"/> Insurance		
						<input type="checkbox"/> client <input type="checkbox"/> Insurance		

This is to verify that the client has **read and understood** the above Financial Agreement contract with Agreed Payment Plan, as well as the Insurance Disclaimer below, and **agrees** to fulfill her obligations to Highland Midwife Birth Services as stated herein.

Client Signature: _____ **Print Name:** _____ **Date:** _____

Midwife Signature: _____ **Print Name:** _____ **Date:** _____

Insurance Disclaimer:

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 all payments to your midwife; you may pay her biller to submit an invoice to your insurance claims department; any insurance reimbursements will then be sent directly to you, or forwarded to you if they are sent to your midwife, as long as your Service Package has been paid in full. If not paid in full, the balance will be subtracted from any reimbursements and the remainder forwarded to you.

Paid in full date: _____ by 35 wks
 other: _____ MW: _____
 balance uncollectible: \$ _____

Notes: _____

