**Parties**

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

**Fees:** We regret that **we are unable to finance your birth**, but a medical credit loan can do so.

For all clients (cash pay or private insurance claims) a discounted pre-paid package fee of \$5,500 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 supplies and tub
- 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:**

- Medications if any, and nutritional or herbal supplements
- Additional newborn / lactation visits\* (see Note)
- Fees for outside services (all can bill to insurance), such as:
  - Costs for lab tests (usually between \$50-300 for cash)
  - Ultrasound fees (only if needed)
  - Specialist consults, referrals, transfers
  - Others, as needed.

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

**Insurance Billing:** 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. Please quickly return the completed insurance agreements and new patient info form if our biller is to submit for you any claims to insurance. Information on the billing process, and how our biller works to get you the maximum reimbursement to which you are entitled, is contained in the documents which you will be asked to sign for the billing company and return to us, so please keep a copy for yourself. 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 \$5,500 only applies if you pay the full package fee by 35 weeks, otherwise fees will be itemized at our standard rates (all available on request). Insurance companies bundle prenatal/birth/postpartum claims into "global maternity care", so they only accept claims after your baby is born. Reimbursements from insurance claims may take many months to be received after the birth. Please bring your insurance card and photo ID to your first appointment so that we can order your labs.

**Note:** Any unlicensed care, provided within states where your midwife is practicing under traditional midwifery laws, may not be billable to insurance.

**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, \$250 will be the pro-rated fee for each visit, plus a \$100 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.

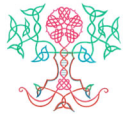
**Disclaimers:** Highland reserves the right to decline to accept Medicaid or any other insurance plan at any time, especially plans which are not under the direct jurisdiction of a State Insurance Commissioner. We also reserve the right to discontinue service or charge a late payment fee of \$75 per incident 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 \$40 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. For insurance, we highly recommend submitting claims through our biller. 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/Square/United Medical Credit loan) A \$500 non-refundable deposit is due at your 2nd appointment, then you pay the balance of \$5,500 in full by 35 weeks, and we give you an itemized receipt for your taxes, healthshare plan, or for you to submit your own insurance claim (not recommended). **Additional fees for our services will be waived only if paid by 35 weeks.**
- ☐ **2. Private Insurance Claim;** requires pre-payment. After your birth, our biller will submit a claim to your insurance, and file appeals if needed. If you have fully paid the prompt-pay package fee, then you may receive reimbursement from the insurance claim, up to the amount of your pre-payment, minus amounts that your insurance itemizes as copays/deductibles/patient responsibility. If you did not pre-pay the full package fee, the balance you owe may be more than \$5,500 after claims all settle. Note that your policy may require pre-authorization, so please submit complete insurance information as soon as possible, along with the consent forms for billing.

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
<b>\$500.00</b>	\$500	/ 2nd Appt.				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
	\$500	/ 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		
	\$750	/ 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		
						<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 financially responsible for all charges and all payments to your midwife 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.

Notes: \_\_\_\_\_

Paid in full date: \_\_\_\_\_

☐ by 35 wks MW: \_\_\_\_\_

☐ other: \_\_\_\_\_

☐ bal uncollectible: \$ \_\_\_\_\_