



# Financial Agreement

## Parties

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

## Fees

We regret that we are unable to finance your birth at this time. To facilitate affordability for both parties, a discounted pre-paid package fee of \$4,750 is due by 36 weeks gestation. Please see Page 2 for 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. This is part of the \$4,750.

**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 \$50-200 for cash)
  - Ultrasound fees (only if needed)
  - Consults, referrals, transfers (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

Highland does not contract directly with any private carriers. However, all maternity coverage plans based in Washington, including Medicaid, reimburse for our services. Insurance policies which are not governed by Washington laws may not (Oregon Medicaid does if using OHP, but their subcontractors vary). If you plan to use insurance, care should be taken to determine your benefits as early in pregnancy as possible, so that any required exceptions or pre-authorizations can be done by our biller prior to your birth. The amount of claims reimbursement that you can expect to receive varies greatly depending on your policy. We have the right to accept claims payments greater than the discounted pre-paid package fee. Please bring your insurance card and photo ID to your first appointment if you wish for us to submit any claims 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 37th 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 \$50 initial chart fee. If you transfer care for non-medical reasons at or after 37 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** 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) you pay in full \$4,750 by 36 weeks, and we give you an itemized receipt for your taxes, your health share plan, or for you to submit your own claim to insurance. **Additional fees for services will be waived.**
- 2. Private Insurance Claim;** you pre-pay \$4,750 to Highland Midwife by 36 weeks, + \$380 to Especially Births Medical Billing who will pre-authorize your coverage, submit a claim to your insurance, and file one appeal for you if needed. The insurance reimbursements then come back to you, up to the total amount that you pre-paid to Highland Midwife.
- 3. Medicaid;** must be approved by your midwife. For this option, standard Medicaid billing practices apply: no payment plan.

Agreed Payment Plan:		Actual Payments Made: (midwife will fill in this portion as payments are received)					
Amount Due	Date Due	Amount Paid	Date Paid	Check #	Paid by	Refunds	Balance
<b>\$500.00</b> (\$0 for Option 3)	Second appointment				<input type="checkbox"/> client <input type="checkbox"/> Insurance		
					<input type="checkbox"/> client <input type="checkbox"/> Insurance		
					<input type="checkbox"/> client <input type="checkbox"/> Insurance		
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*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 your 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 36 wks MW:  
 other: \_\_\_\_\_  balance uncollectible: \$ \_\_\_\_\_

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