



MIDWIFERY

Pamala Wilson, Licensed Midwife, Certified Professional Midwife

FINANCIAL AGREEMENT

1. Parties

This agreement is made between _____ Client(s), and Pamala Wilson, Licensed Midwife, Certified Professional Midwife.

2. Fees

The fee for a home birth is \$5,500.00.

This includes:

- Regular prenatal visits
- Labor, birth, and immediate postpartum nursing care for mom and baby (minimum 3 visits)
- Assistant fee

This fee does **not** include:

- Ultrasounds
- Newborn screenings or other tests required by state law
- Any referred services
- Any doctor visits required by state law

3. Transport

The package fee will remain the same should it become necessary to transport you to a hospital at some point during or after 37 weeks gestation. If this occurs, your midwife will continue to offer support and will remain with you through whatever situation develops. She will continue with postpartum care following your discharge home. This support and advocacy at the hospital can be very valuable, and having an experienced person there who you can trust makes the experience much more congenial.

4. Transferring Care

Should you decide to transfer care, or should it become necessary, before your 37th week as calculated by your midwife, and prior to labor, the fee will be prorated and will not include postpartum care, unless other arrangements are made. As a licensed midwife, we plan my schedule with your due date in mind (and may have possibly turned down other clients). Should you decide to terminate your care with us at any point for non-medical reasons, there will be a non-refundable retainer fee of \$750.00. No refunds are made after 37 weeks gestation or after the onset of labor.

Proration will be determined as follows:

\$ 500.00 Initial visit
\$ 100.00 each prenatal office visit
\$ 750.00 Retainer Fee

5. Payment Plans

We like to work out payment plans with all our clients at the first prenatal visit outlining the total price to be paid and a schedule of payments. All payments **must** be received by 36 weeks gestation, as calculated by the midwife.

6. Private Insurance

If you have insurance or health care coverage, our billing service will bill your insurance company or health carrier for you. By entering this contract, you authorize our billing service to release health information to your insurance company or health carrier for the purpose of processing your claims.

Our billing service may bill your insurance company or health carrier for the following services related to your care including, but not limited to:

Initial visit, OB global fee including delivery, intrapartum care, birth assistance, supplies, newborn exams & metabolic screening, postpartum visits.

When clients are billed directly, all services are standardized into a \$5,500.00 package fee. However, when insurance and health carriers are billed, the services are itemized in accordance with the insurer's claims payment structure, which may require billing the payor more than the \$5,500.00 standard fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than it is to collect directly from clients. We have the right to accept reimbursement from insurance that exceeds the package fee of \$5,500.00.

The client is responsible for paying Pamala Wilson, Licensed Midwife, enough to ensure that the minimum reimbursement is \$5,500.00, regardless of insurance reimbursement. If your insurance denies your claims, you are responsible for paying us the entire package fee of \$5,500.00.

If, upon verification of benefits, your insurance company is likely to pay, we may agree to only collect the deposit, your deductibles for you and your baby, and approximate coinsurance amounts (patient responsibility or PR) up front, rather than collecting the entire \$5,500.00 package fee. If your insurance company pays, and we find that I have overcharged you, we will refund you accordingly. If the insurance assigns PR that exceeds what we have collected from you, we will bill you for the deficit.

If you have insurance and you've paid the entire fee in advance, and if your insurance company pays us directly, we will send you a refund. Your refund cannot exceed the amount you prepaid less your non-refundable deposit. Your refund amount will be affected by your assigned PR amounts and any deductibles (for you and your baby) applied to our claims independently of reimbursement amounts we receive.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. The billing service will determine how much of the reimbursement should be sent to us, and how much, if any, is yours to keep. In this situation, you agree to reimburse us immediately. Any unpaid balance remaining 30 days after the insurance reimbursement was sent is considered delinquent and is subject to a 1.5% monthly interest charge. Client agrees to pay a fee for insurance billing services. This fee shall be an amount equal to 8% of collections from billing, or \$100.00 per full-term client, whichever is greater. Regarding clients who receive partial care, a smaller flat fee may be negotiated as needed. Client will not be responsible for paying the 8% on any amount the provider receives that exceeds the package fee.

7. Disclaimer

We relieve Pamala Wilson, LM, CPM of any financial responsibility arising from outside medical care.

We understand that if our bill has not been paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of this pregnancy and birth and to the extent permitted by law, will not hold the midwife and her assistants responsible for outcomes that are a result of complications beyond their control.

We view pregnancy and birth as a normal physiological process, and we understand that our midwives are merely acting within their authorized scope by simply assisting and supporting us in our decision to birth our baby at home.

8. Entire Agreement

Unless modified in writing, this document contains the entire agreement between the parties, and no other promises or representations have been made. If any portion of this agreement is rendered or held unenforceable or unlawful by operation of law, such provision is severable, and the remainder of the agreement shall continue in effect.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Pamala Wilson, LM, CPM as stated above.

Client _____ Date _____

Spouse or Partner _____ Date _____

Midwife _____ Date _____