NATURAL CHOICE - MIDWIFERY

8180 Regent Prkwy Ste. 104 ● Fort Mill, SC 29715 ● 803-619-6710 ● F 704-731-0867

MW: _____ EDD: _____ PMT: _____

PROMISSORY AGREEMENT

By signing this agreement, I, _____, agree to pay Natural Choice Midwifery, the full sum stated below in the terms stated thereafter. If this agreement is not paid in full to these terms, I am aware that this account will be turned over to the civil court for collection. Any incurred court/collection costs will be my responsibility.

FINANCIAL AGREEMENT

The following are included/not-included in the financial agreement:

Included	Not-Included
Prenatal Care Birth Postpartum Care Newborn Care TOTAL DUE: $5,000	☒ Labwork ☒ Newborn Screening ☒ Vitamins and supplements ☒ Aquatherapy fee for water birth ☒ OB Visit and Ultrasounds (payable to rendering physician)

I agree to pay for the above "included" services in the following manner:

Deposit: ____by:_____ Date Paid: _____ Balance Due:_____By:_____

Monthly installments of: _____ beginning: ____

Scheduled Payments:

Month	Amount Due	Date Paid

Month	Amount Due	Date Paid

I understand that all fees are to be paid in full by the 36th week of gestation or I will no longer be eligible to receive Natural Choice Midwifery services.

I understand there may be additional non-inclusive charges due at time of service

I understand that non-payment or late payment will be charged a late fee equal to the maximum amount allowed by law. (Please make checks payable to Natural Choice Midwifery and mail to the above address.)

_____ _____

Client Date

_____ _____

Licensed Midwife Date