

### 1. Parties

This agreement is made between \_\_\_\_\_ Client(s), and Blessed Beginnings, Inc.

**2. Fees** The practice's global fee is \$3,500.00, which includes:

#### The midwifery fee includes:

- Regular prenatal visits
- One prenatal home visit at 36 weeks (or so)
- On call status beginning at 37 weeks
- Labor, birth, and immediate postpartum nursing care for mom and baby\*
- Newborn exam and care\*
- Breastfeeding guidance and counseling\*
- Services of a qualified midwife's assistant
- 24 to 36 hour postpartum home visit
- 3 - 4 day postpartum home visit
- 6 - 8 week postpartum exam in my office
- \*Any charges for the baby are billed separately under the baby's name.

#### The midwifery fee does not include:

- The birth kit
- Your back up physician's fee
- Hospital bills incurred in the event of a transport
- Any other costs related to transport (such as ambulance)
- The cost of lab work
- Use of the birth tub.
- Charges for the baby will be billed separately from the mother.
- State mandated newborn metabolic screen, which can be done through your pediatrician or by me for a charge of \$75.00.
- Vitamin K injection, if requested, costs \$15.00

### 3. Non-refundable

Once labor has started and a midwife has been notified, Blessed Beginnings, Inc.'s, fees will be considered earned in full. The midwife's concern is for a safe birth, whether in home or hospital, and midwifery care includes helping you make the judgment for hospitalization, if necessary.

- Transports.* If a transport is required *during labor*, your midwife will accompany you to the hospital to support you during the birth. Transports usually involve the most intense care on the part of the midwife and birth team. You will receive the same post-partum home visits you would have received if you had birthed at home. In the event of transport, no refund or discount applies.
- Early delivery.* If your labor has started and progressed rapidly to delivery before your midwife's arrival, no refund will be made. The midwife must still assist with the placenta, perineal, and newborn exams. Postpartum watch and visits are also necessary.

### 4. Termination of Care

As Blessed Beginnings, Inc., plans its schedules with your due date in mind (and may have possibly turned down other clients), should you decide to terminate your care with us, or should it become necessary, after your 32nd week, but prior to your 38th week, the fee will be \$800.00. If you terminate after 38 weeks add \$35 per day. **If you terminate care prior to your 32nd week**, charges will be as follows:

\$150.00	Initial visit
\$35.00	Each prenatal office visit
\$75.00	Each home visit
\$15.00	Each hematocrit

### 5. Payment Plans

We like to work out payment plans with all of 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 us. You may make arrangements with Blessed Beginnings, Inc., to make monthly payments before delivery, or you may pay in a one lump sum. **PayPal.** I can accept credit card payments with <http://www.paypal.com/>. My paypal e-mail address is [wimidwife@usa.net](mailto:wimidwife@usa.net)

### 6. Timely Payment Discount

If you pay by the time you are 36 weeks pregnant, the total for the birth and post-partum visits will be \$1,700.00. This payment will also cover our care of your baby, except for items listed above. You are also responsible for

paying \$35.00 per prenatal visit. Any client using my insurance billing service who pays \$1,700.00 and \$35.00 per prenatal visit as a deposit toward their insurance payment will not be responsible for more than this, regardless of insurance reimbursement to me. If this deposit is not paid in advance, you are responsible for all fees whether or not insurance reimburses me. I require this deposit in advance unless other arrangements are made.

**7. 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 into 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, lab work, OB global fee including delivery, intrapartum care, birth assistance, supplies, IV therapy, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize all services into a package fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the payor in excess of the \$3,500 global fee. Due to repeated claims processing and tracking expenses, it is much 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 global fee of \$3,500.

The client is responsible for paying Blessed Beginnings, Inc., enough to ensure that the entire amount billed to the insurance company is paid, regardless of insurance reimbursement. If your insurance denies your claims, you are responsible for paying us the entire amount. If you have paid a deposit under the **Timely Payment Discount** terms, you will not be responsible for any additional payment.

When your insurance company pays the midwife for your care, if your deposit (above) is more than your patient responsibility portion (deductible and co-pays), you will be refunded the difference. Your refund cannot exceed the amount you prepaid

***If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with our billing service.*** Our 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.*** Please let us know right away when you receive a check from your insurance company. 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.

**8. Non-Payment of Fees.**

If for any reason Blessed Beginnings, Inc. is forced to take legal measures to collect monies owed, all collection costs will be paid by client.

**9. Disclaimer**

We relieve Blessed Beginnings, Inc., 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.

**9. Entire Agreement**

Unless modified in writing, this document contains the entire financial 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 Blessed Beginnings, Inc., as stated above.

Client \_\_\_\_\_ Date \_\_\_\_\_

Spouse or Partner \_\_\_\_\_ Date \_\_\_\_\_

Blessed Beginnings, Inc. \_\_\_\_\_ Date \_\_\_\_\_