



Financial Agreement

The Midwifery Services practice is based on the philosophy that homebirth should be accessible to all women, within parameters of safety. For this reason we have tried to make our fees reasonable. Our \$4,200 fee covers all prenatal visits, including at least one home visit, care by a midwife and her assistant during labor and birth, and 6 weeks of postpartum care for mom and baby. Prenatal visits average 45-60 minutes in duration. Postpartum care includes attendance for several hours after birth, until mother and baby are deemed stable, two home visits within the first week, a two week office visit, and a four or six week office visit. Additional consultations and unlimited phone consults are also included. We also provide you with a completed birth certificate registration form. In the event of a transfer to medical care during labor, a midwife will accompany you to the hospital and stay with you throughout the remainder of your labor, easing the transition and offering continuity of care. We will then continue being your providers in the postpartum period. The insurance will only cover one provider at your birth, if you transfer you are responsible for the midwife fee. Our fee does not include laboratory tests, sonograms, amniocenteses, and post due date testing or hospitalizations. Your insurance can be billed directly by those facilities rendering this care.

Due to the complexity of the medical insurance system, I ask that the **deposit fee of \$1,500 be paid by 36 weeks** of pregnancy. Immediately after your birth I will bill your insurance provider for reimbursement. This is submitted after the birth in order to use the all-inclusive global maternity care fee. Regardless of the progress with the insurance companies, **the balance (\$2,700) is due 45 days after the birth**. For those who absolutely have no resources from which to pay, there are payment plans available.

We work on an honor system. This means that when we talk about payment, we don't ask to see proof of income. If you can afford to pay your full fee, we ask that you do. If it is beyond your reach, we will take you at your word and arrange a payment plan option.

1. Out of pocket: Three equal payments at the first visit of each trimester _____
Equal monthly payments _____
Other _____

2. Insurance (\$1,500 deposit by 36 weeks):
Three equal payments at the first visit of each trimester _____
Equal monthly payments _____
Other _____

BCBSWNY- insurance payment goes to family, sign over check with photo copy of license, deposit will be refunded upon receipt of insurance check

3. Medicaid/MOMS (\$500 family responsibility):
Three equal payments at the first visit of each trimester _____
Equal monthly payments _____
Other _____

Please feel free to ask questions. Our intent is to work out the financial arrangements early on in our relationship so we can get on with focusing on your satisfaction and empowering birth experience.

I have read the above financial agreement and agree to the payment plan designated.

Client: _____ Date: _____

Partner: _____ Date: _____

Midwife: _____ Date: _____