



Financial Agreement

Our rate for comprehensive care is \$7,500. This fee must be paid in full by the 36th week of pregnancy. We do not accept private insurance or medicaid. We do work with a professional biller who can submit a claim to your insurance company after your birth to try to get back the best possible reimbursement. Reimbursements all depend on what your insurance policy allows.

Our offerings include but are not limited to:

- Prenatal visits
- Lab collection
- Daily phone/text availability -- becomes 24/7 availability starting at 37 weeks
- Up to 5 weeks of your midwives being on call for you starting at 37 weeks
- In home labor & delivery and/or transfer assessment
- Use of herbs, medications, medical equipment, and other supplies
- Hospital transport facilitation in the event it is necessary
- Home birth education
- Birth tub service
- 6 weeks of scheduled postpartum care

The following services are also included when birth occurs at home:

- 2+ hours of immediate in home postpartum care
- Suturing of first and second degree lacerations
- Initial newborn assessment
- Filing of newborn birth certificate and registration of social security card

Not Included:

- **Travel fee will be assessed for any client that lives outside of a one hour radius. The fee will reflect the mileage and travel time associated.**
- **Fees accrued for lab processing and out of office procedures are not included in the cost of care but can sometimes be covered by insurance. This may include but not limited to ambulatory services, hospital visits, lab processing, ultrasounds and any other care received from another third party source.**

Discounts:

- Payment in full by 28 weeks will be given a discount of \$300.
- Military discount of \$200 will be given if the client or partner are active military.
- Return clients will be given a discount of \$200



Refunds:

Refunds may be given under certain circumstances. The circumstances may include transferring to a different provider for personal or financial reasons, transfer of care due to medical reasons that risk you out of a home birth, moving away, etc. Refund policy if you are paid in full:

- Antepartum transfer (transfer of care before the onset of labor):
 - If you transfer out of care before 28 weeks, the remainder of the fee will be refunded after taking out \$500 retainer fee, \$2000 for entry-to-care & administration fees, \$350 initial prenatal appointment and \$250 for each prenatal appointment received.
 - A refund of \$2000 will be given if you transfer out of care after 28 weeks and before 36 weeks.
 - No refund will be given if transferred after 36 week and 0 day. No refund is given due to pregnancy going past 42 weeks gestation. From 41-42 weeks, extra visits & care are provided in an attempt to get labor started and this is accounted for in the breakdown of care received.

- Intrapartum Transfer (transfer of care during labor/immediate postpartum): No refund will be given. Although we will do everything in our power to ensure your ideal home birth, no guarantee can be given that the birth will occur at home or that a transfer of care will not be necessary. You hire us as your care providers to assess the safety of delivery/postpartum recovery at home, and great consideration is given in the decision to transfer care to the hospital. If we decide at any time or for any reason that a transfer of care is necessary to ensure the safety of you or your baby, we will not offer a refund. In the rare case that the birth occurs too quickly for the midwife to make it to your home, no refund will be given. The midwife will still provide postpartum care, newborn assessment, and filing of birth certificate in the event of a fast birth.

Refund policy if you are NOT paid in full:

- A prorated amount will be calculated to discern the amount of the refund given. The refund policy above applies for the amounts due for care received. An invoice showing the breakdown of care received and amount owed will be sent via email through clientcare.
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Payment in full is due by 36 weeks of gestation. Payments can be made monthly or in large installments, we are flexible with what works best for you as long as the total fee is paid off by the agreed upon time. A \$500 retainer fee is required at the initial prenatal appointment. This retainer fee is included in the total fee.

- Late fee of \$50 per month for payments extending beyond the agreed upon payment plan.
- Return check/Payment fee of \$40 will be applied for any insufficient funds.
- No call/ no show charge of \$30 will be added to the account for missing appointments.
- Delinquent/ unresolved accounts will be sent to collections.

Payment Options:

We send out monthly invoices to your email.

- You are able to pay via:
 - Zelle, Cashapp, Venmo
 - Credit / debit cards /HSA cards with an additional convenience fee of 3.5%
 - Cash
 - Check

Information on the billing service for insurance reimbursement:

- We refer all insurance billing out to Birth Professional Billing. This is a completely separate service, we simply refer clients to this company & they handle all of the billing. They take a percentage of the return as compensation for the billing services.
 - Website: www.birthprofessionalbilling.com ■ Email: birthprofessionalbilling@gmail.com
 - Every insurance policy varies in their reimbursement policies. After your birth, we will send the biller a form with the information needed for them to file your claim.
 - To get info on your insurance benefits both in & out of network, you can fill out the Verification of Benefits form on the billing website and the billing company will get back with you promptly.
 - To get the best possible return, follow the instructions provided by the billing company to apply for a gap exception.
 - Reimbursement can take weeks or months depending on the insurance company.
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Dismissal of Care: If payment plan is not kept and/or a written agreement for altered payments are not made then our practice has the right to refuse care until payments have been made. If the total fee is not paid in full before labor and delivery the midwife has the right to refuse care until payment is made. *In the rare case that a client is dismissed from care due non-compliance, abusive behavior toward staff, requesting midwife to perform or act outside of her licensing, or any other matter that causes harm to the practice, the client will not receive any ongoing care. The above refund policy applies to this dismissal in relation to the breakdown of refund given. Our goal is to have a safe and transparent working relationship with you during your care. If dismissal is necessary you will be notified by staff, given alternative care provider options, and a certified letter will be sent to your current address on file*

Print Client Name:

Signature:

Date: _____



Acknowledgement Of Agreement

I, _____ agree to the above contract and understand the information given. By signing this agreement, I agree to set up a payment plan with Growing Families Midwifery Service. I understand that I am entitled to the discounts as mentioned above and understand the mentioned refund policy. I understand that the midwife has the right to refuse care for non-payment and I will keep open communication with the practice regarding any alterations in the plan.

Print Client Name:

Signature:

I, Misti Balzer, LM, Agree to the above contract and care agreement with

Midwife Signature:
