

CENTER FOR NATURAL BIRTH
FINANCIAL AGREEMENT

1. Parties

This agreement is made between _____ Client(s), and
Center for Natural Birth.

2. Fees

The practice's package fee is \$4,200.00, which includes:

- Regular prenatal visits including a minimum of one home visit at approximately 36 weeks of pregnancy
- Labor, birth, and immediate postpartum nursing care for mom and baby
- Assistant fee
- Postpartum nursing visits at 24 and 48 hours, 1 week or 2 weeks, 4 weeks and 6-8 weeks (all care prior to 4 weeks is done in client's home).

This fee does **not** include:

- Lab work
- Birth kit
- Newborn screenings or other tests required by state law
- Any referred services (e.g., ultrasound)
- Birth tub rental

3. Transport

The package fee will remain the same should practice decide to transport you to a hospital at some point during your care or labor. If this occurs, your midwife will offer support through whatever situation develops. She will continue to provide 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, after your 36th week as calculated by us, but prior to labor there will be no discount. As the practice 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 28th week, the fee will be remain at \$4,200. If you terminate care prior to your 28th week, charges will be as follows:

\$800.00 Initial visit
\$125.00 Each prenatal office visit
\$150.00 Each home visit
\$350.00 Birthing workshop
Cost of all labs

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. If you need us to finance the payments thru the entire pregnancy, the full fee \$4200.00 will be paid. All payments must be received by 37 weeks gestation, as calculated by us.

6. Pay in full Discount

Self-pay clients may receive a discount, reducing the package fee to \$3,800.00, if they pay by the 3rd visit of midwifery care.

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 \$4,200 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 \$4,200 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 \$4,200.

The client is responsible for paying the practice the complete fee of \$4,200 unless eligible for the cash discount, regardless of insurance reimbursement. If your insurance denies your claims, you are responsible for paying us the entire package fee of \$4,200.

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 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. 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 7% of collections from billing, or \$100.00 per full-term client, whichever is greater. In regards to clients who receive partial care, a smaller flat fee may be negotiated as needed. Client will not be responsible for paying the 7% on any amount the provider receives that exceeds the package fee.

8. Disclaimer

We relieve the practice 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 practice, 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.

9. 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 **Center for Natural Birth** above.

Client _____ Date _____

Spouse or Partner _____ Date _____

Practice _____ Date _____