

## All Fees Related FAQs Put Together

### 1. What does the fee of \$2,200 cover?

My services include all prenatal visits, routine lab work, a labor pool, labor and birth at your home, five postpartum visits, including a pap, and 5 newborn exams.

My fee does NOT include any ultrasounds, childbirth education classes (which I recommend), doctor visits (if they become necessary, which is rare), a hospital birth (if a transport becomes necessary), Rhogam (for Rh negative women), extra lab work (which is rare), and the newborn screen at 10 days postpartum.

### 2. Does your fee of \$2,200.00 include a labor pool?

Yes. There is no extra charge to my clients for a pool. The pools I have typically rent for at least \$250.

### 3. How do you want us to pay your fee of \$2,200?

I require a deposit at the first prenatal visit of \$350. You may make payments every month, or you may pay the balance of \$1850 by the 34th week of pregnancy. I am able to accept credit card payments through PayPal using the link on my website. However, I do charge a 3% handling fee to cover what Paypal charges me for this service. (I am charged because I have a commercial account with them.)

### 4. Do insurance companies cover midwifery care?

Many private insurance companies pay Registered Certified Professional Midwives. I have a billing service which will verify benefits for you for a small charge of \$15, or you can access the form on my website and call your insurance company yourself. So before you contact your insurance company, check my website for the helpful questions to ask: (&ldquo;client registration for insurance benefits&rdquo; form)

### 5. How does a PPO plan work?

If you have a PPO plan, you will probably be able to choose a care provider who is out of your network, but you may have to meet a higher deductible and they may reimburse at a lower percentage rate. My billing service can also request an in-network exception, where your insurance company agrees to pay for my midwifery services at the in-network rate. For the above \$15 charge to verify benefits, my billing service will also request an in-network exception if this applies to your coverage ("in-network exception form").

### 6. How does an HMO work?

If you have an HMO, you must choose a health care provider that is already on your plan. However, in some cases, if your primary care physician will give you a referral to me, your insurance may pay for my services. My billing service is happy to work with you in requesting a referral.

### 7. If I have maternity insurance, do I have to pay your fee of \$2,200.00 before the birth?

Everyone pays the discount fee of \$2,200.00 by the 34th week of pregnancy, whether or not they have maternity insurance. After the birth, I send a superbill to my billing service, and they submit the claim. When I receive the reimbursement from your insurance company, I will reimburse you what you paid me minus the billing service fee of 7%. If your insurance company reimburses more than the amount you paid me, plus the 7% service charge (due to itemization), I will reimburse you the amount you paid me, and I will keep the extra and pay the billing fee out of my portion.

### 8. What happens if my insurance company reimburses me directly for your services?

Some clients have specified to their insurance company that any payment of claims be sent directly to them. When you receive the EOB (Explanation of Benefits) with a check made out to you from your insurance company, I prefer that you send me a copy of the EOB and a check from you for the same amount. I will take the 7% billing fee out of that amount and reimburse you the remainder. My billing service keeps track of the payments made on each claim, and they bill me directly.

### 9. What are the costs of some of the non-covered expenses, such as ultrasounds?

At this time, I charge \$50 for ultrasounds. For this price you may receive up to three ultrasounds with pictures of your

baby. This is not a diagnostic ultrasound. If a diagnostic ultrasound becomes necessary (which is rare), or you request one, we will refer you to a sonographer; the cost is approximately \$200-300.

The Colorado Department of Health is charging \$70.00 for the newborn screen (or more commonly called the PKU), and this is due at the time the screen is performed in my office, typically at the 10-day postpartum visit.

10. Will Medicaid cover your services?

Medicaid does not pay the fees of Registered Midwives in Colorado. However, if you are using a midwife, Medicaid will still cover any labwork and sonograms that are done while you are under my care. They will also cover you and your baby for any other medical needs should they become necessary. So if you need to see a doctor at any time while you are under my care, or if there is a transport to the hospital, Medicaid will cover these additional expenses.

However, if you have not already been Medicaid approved, you may qualify for a state program called CHP+ Prenatal care, and I am a provider for CHP + Prenatal. Check out the link below to see if you might qualify:  
<http://www.cchp.org/chpweb/mainPage.cfm?pageToLoad=PRmembers.cfm>.

From time to time I have one or two midwifery students who are qualified to act as Provisional Midwives under my supervision. Because they need the experience of caring for their "own" clients, and because I desire to help make midwifery a little more affordable to those who need and deserve midwifery care, if you have proof of Medicaid or can prove financial hardship, you may choose to use a Provisional Midwife as your primary midwife for a reduced fee. Note: Provisional Midwives are always fully supervised by me.