



Matters!

2211 North Weber Street • Colorado Springs, CO 80907 • Fax 719-533-0919 • Cell 719-660-2743

**FINANCIAL AGREEMENT**

**1. Parties**

This agreement is made between \_\_\_\_\_, Client(s), and Birth Matters! Midwifery Services, Inc., Practice, Dorothy S. Kirkpatrick, R.M., C.P.M., President.

**2. Fees**

The Practice's package fee is \$2,200.00, which includes:

- 24-hour availability of your midwife
- Prenatal, birth, and postpartum services as listed in my Summary of Services
- Lab work
- Labor pool, if one is available for your due date
- Assistant fee
- Necessary birth supplies (no need to order a birth kit)

This fee does **not** include:

- Dietary and herbal supplements, some of which I have for sale at cost
- Childbirth classes, which I recommend
- Non-routine lab work
- Non-diagnostic Ultrasound, which is available for a small fee
- Antenatal or postpartum RhoGam (if mom is Rh negative)
- Newborn screenings (PKU) or other tests required by state law
- Any referred services (e.g., diagnostic ultrasound)
- Circumcision (if you choose)

**3. Payment Plans**

I like to work out payment plans with all of my clients at the first prenatal visit outlining the total price to be paid and a schedule of payments. **Whether or not you have insurance coverage, full payment of the package fee is still required by 34 weeks. At the initial prenatal visit, a \$350.00 deposit is required. Deposit is non-refundable, but is applied toward your total fee.**

**Please list schedule of payments for your Discount Plan below:**

Amount	Date	Amount	Date	Amount	Date
1. \$ <u>350.00</u>	_____	4. \$ _____	_____	7. \$ _____	_____
2. \$ _____	_____	5. \$ _____	_____	8. \$ _____	_____
3. \$ _____	_____	6. \$ _____	_____	9. \$ _____	_____

**4. Transport**

The package fee will remain the same if the Practice needs to transfer your care to a doctor/hospital at some point during your labor. If this occurs, I or my assistant will continue to offer support and will remain with you through whatever situation develops. Postpartum care will continue with me on the same schedule following your discharge. This support and advocacy at the hospital can be very valuable, and having an experienced person whom you can trust makes the experience much more congenial.

**5. Transferring Care**

If you decide to transfer care before 34 weeks to another provider or if it becomes necessary, an adjustment will be made whereby the following charges will apply:

- \$ 350.00 - Non-refundable deposit, covering first prenatal visit, lab costs, and pool reservation fee
- \$ 75.00 - Each subsequent prenatal office visit
- \$ 150.00 - Each home visit
- \$ 50.00 - Non-routine lab work

As the Practice plans its schedules with your due date in mind (and may have possibly turned down other clients), no refunds will be given if care is transferred after 34 weeks due to a decision by the parents.

**6. Private Insurance**

If you have insurance or health care coverage, my billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize my billing service to release health information to your insurance company or health carrier for the purpose of processing your claims.

My 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 (we bill insurance \$2,600) intrapartum care, birth assistance, aquatherapy, birth supplies, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize all services into a \$2,200 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 \$2,200 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. I have the right to accept reimbursement from insurance that exceeds the package fee of \$2,200.

**The client is responsible for paying the Practice enough to ensure that the minimum reimbursement is \$2,200, regardless of insurance reimbursement.**

If your insurance company pays me directly, I 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 (patient responsibility) amounts, any deductibles (for you and your baby) applied to our claims independently of reimbursement amounts we receive, and the billing service fee.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with my billing service. My 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 this amount immediately.

**7. Clients’ Disclaimer**

We relieve the Practice of any financial responsibility arising from outside medical care.

We understand that if we don’t pay our bill 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 assisting and supporting us in our decision to birth our baby at home.

**8. 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.

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This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Birth Matters! Midwifery Services, Inc. as stated above. I/We agree to the above conditions and fee, and will pay \$\_\_\_\_\_ by the 34<sup>th</sup> week of pregnancy, which is \_\_\_\_\_ (date).

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

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

Practice \_\_\_\_\_ Date \_\_\_\_\_