



Financial Agreement

This agreement is made on _____, 20__ between Midwifery Services and _____, client.

We agree to pay Midwifery Services \$4,250 for prenatal, postpartum and homebirth services, including late entry into care. An additional \$45 fee for PKU testing will be added if we opt for this newborn screening test. Full payment is expected prior to 36 weeks of pregnancy, before we go on-call for your birth.

If the payment is not made as specified, Midwifery Services reserves the right to suspend services.

In the event that the midwife arrives after the birth as a result of rapid labor or delayed notification, payment in full is still expected and midwifery care during the postpartum period will continue. If transport to the hospital becomes necessary during the birth or postpartum period, payment in full is still expected. Hospital expenses are the responsibility of the parents. If you need to change caregivers, if you move, or if you have a preterm birth or miscarriage, a prorated fee will be charged and the fee will be based on the number and type of visits received.

We, the parents, understand that we are responsible for all lab work, birth classes, birth kit/supplies, Rhogam and diagnostic tests such as ultrasounds that the midwife deems necessary.

The fee charged is not only based on the average number of hours shared with you, but also on hours shared by other members of our team, maintaining an office, medical supplies, continuing education to provide the most up-to-date services, education of students, etc.

Midwifery Services is happy to help you file for insurance reimbursement. Any monies collected for reimbursement above \$4,250 fee will be used by the Midwifery Services for the purpose of expanding our services available.

An additional \$1,000 fee will be added to your account if you do not call your insurance company and add newborn coverage before your final postpartum appointment.

We understand and agree to the terms above as our signature attests.

Parents _____ Midwife _____

_____ Date _____

Date _____