



Financial Responsibility Agreement

1. Parties

This agreement is entered into on this ____ day of _____, 20__ by and between _____ (client) and Bend Birth Center LLC for the payment of services rendered by Janette Gyesky LDM and Alysa Merritt CPM LDM.

2. Fees

Bend Birth Center Care Package Fee: **\$6200**

This fee includes:

- Non-Refundable Initial Visit Payment of **\$300**
(Payable at the first visit to cover the costs of your educational handouts, billing paperwork & service, scheduling, and supplies needed in the course of your prenatal care. This non-refundable fee also ensures your space within our practice.)
- Regular prenatal visits including a minimum of one home visit at 36-37 weeks of pregnancy
- Labor, birth, and immediate postpartum care for mom and baby
- On-Call fee
- Assistant fee
- Postpartum visits at 24 and 48-72 hours, 1 week, 2 weeks, 4 weeks and 6-8 weeks (all care prior to 2 weeks is done in client's home).

This fee does **not** include:

- Lab work
- Referred services (e.g., ultrasound)
- Homebirth tub rental
- Homebirth kit
- Facility fee for those choosing a birth center delivery

Bend Birth Center Delivery Facility Fee:

- Client facility fee of **\$3000** per calendar day

3. 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. All payments must be received by 36 weeks gestation, as calculated by us.

4. Cash Discount

Self-pay clients may receive a 5 percent discount, reducing the package fee to **\$5900**, if they pay in full by the 28th week of gestation as calculated by us. If payment in full is not received by 28 weeks gestation, as calculated by us, you will be responsible for the full package price of **\$6200** by 36 weeks gestation, as calculated by us.

5. Transferring Into Care

Transfer in 2nd Trimester (after 20 weeks and up to 28 weeks) **\$5900 global fee**

Transfer in 3rd Trimester (after 28 weeks and up to 40 weeks) **\$5300 global fee**

6. Transferring Out of Care Prenatally

Should you decide to transfer care, or should it become necessary, after your 38th week as calculated by us, but prior to labor, the fee will be **\$3100** and will not include postpartum care, unless other arrangements are made. 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 32nd week, but prior to your 38th week, the fee will be **\$2500**. If you terminate care prior to your 32nd week, charges will be as follows:

| | |
|--------------|---|
| \$300 | Non-Refundable Initial Visit Payment |
| \$250 | EACH Office Visit |
| \$300 | EACH Home Visit |
| \$500 | Blood Draws, Medications, Newborn Screening and Supplies |

initials

7. Transferring Out of Care in Labor

Should it become necessary to transport you to a hospital at some point during your labor, the full Bend Birth Center Care Package Fee will still be collected. Often when a hospital transfer occurs, the midwives and staff care for clients the same amount of time, if not more than a non-transferring client.

We pride ourselves on taking good clinical and emotional care of our clients. In the event of need for transfer, your midwife(s) will facilitate this transfer by contacting the providers at the hospital and sharing pertinent clinical information and records in preparation for your arrival there. While your midwife will no longer be your clinical care provider after a transfer, support and advocacy at the hospital is very valuable. Your midwife(s) will accompany you and continue to offer their emotional and physical support, as well as medical advocacy. For this support and advocacy the practice charges an additional flat rate of **\$750**. The midwife(s) presence at the hospital is not always continuous, as a client's rest is often a prescribed treatment plan. The midwife(s) may return to the hospital upon client request as agreed upon between the client and midwife.

In the event of a hospital transfer, the midwife loses the ability to bill your insurance provider for the time spent in the hospital and in most cases for the labor time prior to transfer as well. Insurance companies consider this a duplication of services. This fee ensures your midwives' presence in an effort to relay pertinent information with receiving care providers, and provide you and your family with continued support and hospital advocacy for the birth of your baby. If desired by you, She/They will continue with postpartum care following your discharge home.

8. 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 prenatal visits; delivery; labor management; birth assistance; supplies; IV therapy; newborn exams & newborn screening; postpartum home visits. (If the global fee is not applicable, individual visits are billed.)

When we bill clients directly, we standardize all services into a **\$6200** package fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer's claims payment structure, which may result in billing the payor in excess of the **\$6200** 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 \$6200. If your insurance denies your claims, you are responsible for paying us the entire package fee.

Because maternity care is billed after the birth of your child and may take several months for claims to be finalized, our practice requires **\$3100** (50% of the total package price) to be paid by 36 weeks gestation, as calculated by us. This covers a portion of any deductibles and patient responsibility (or "PR") not covered by your insurance company or health carrier. If your insurance company pays, and we find that we have overcharged you, we will refund you accordingly. If the insurance assigns PR that exceeds what we have collected from you, we will bill you for the deficit. 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. As a practice, no matter what your insurance company assigns as far as deductibles, co-pays and coinsurance, we will never bill you in excess of our standard "out-of-pocket" cash fee of **\$6200** (or **\$9200** with Birth Center delivery).

If, upon verification of benefits, your insurance company is likely to pay, we may agree to collect only the deposit, your deductibles for you and your baby, and approximate coinsurance amounts (patient responsibility or "PR") up front.

If, upon verification of benefits, your deductible is equal to or higher than our fee, we will not bill insurance. Full payment for services is expected by your 36th week of pregnancy. If you desire to have claims of care submitted towards your insurance deductible, **\$100** fee must be paid by your 36th week of pregnancy for claim submission billing services.

If your insurance company reimburses you directly, 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.

The Bend Birth Center, Janette Gyesky LDM and Alysa Merritt CPM LDM, will owe the billing service for the processing of your claims. The Bend Birth Center, Janette Gyesky LDM and Alysa Merritt CPM LDM, pay an average of **\$350** to the billing service for each claim processed. So timely payment is appreciated!

9. **Late payments & Other Fees.** If payment is not received within 10 days of payment due date, a **late charge of \$25.00** will be added to the balance due. Every 30 days there after an additional \$25 will accrue. Non-Sufficient Checks (NSF) will incur fees to cover bank charges.

10. 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 outside of the hospital.

11. Entire Agreement

Attached is a Payment Plan Agreement specifically assigned to your payment preference (Cash Payment or Private Insurance).

Please sign and complete both forms and return them to Bend Birth Center.

My signature below verifies that I/we have read and understand the above financial agreement and have agreed to fulfill our obligations to The Bend Birth Center LLC / Janette Gyesky LDM / Alysa Merritt CPM LDM as stated in the above document.

Client _____

Date _____

Spouse or Partner _____

Date _____

Practice _____

Date _____