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Financial Agreement & Fee Schedule

1. Parties

This agreement is made between _____
Client(s), and Vivante Midwifery, Practice.

2. Fee Schedule for Maternity care:

The practice's global fee for maternity care for the mother is \$4,500.00 + \$400.00 birth assistant fee (not billable to insurance) = Total fee of \$4900.00, which includes the following:

- Regular prenatal visits, including one home visit at 36-37 weeks of pregnancy
- Labor, birth and immediate postpartum care for the mom, for a labor and birth that follows a normal course
- Assistant fee
- Normal Postpartum visits at 24 and 48-72 hours, 10 days, 3-4 weeks, and 6-8 weeks (all care prior to 3 weeks is done in client's home).

The fee for care for the baby is \$1000.00, which is billed separately to insurance and includes:

- Normal immediate newborn care after birth
- Three postpartum home visits for the baby (usually at: 24 and 48-72 hours, and 10 days)
- Two newborn screens
- Other normal newborn procedures

These fees DO NOT include:

- Maternal problem-focused visits in the prenatal or postpartum time period (i.e. treatment of a kidney infection or treatment of a gall bladder attack, extended counseling for progams, etc.) \$175-\$200 each
- Additional fees for other items, outside the scope of normal care, vary dependent on need in pregnancy, labor or birth
- Lab work
- Birth kit
- Any referred services (e.g., ultrasound or other diagnostics)
- Birth tub purchase

3. Transport

Should it become necessary to transport you to a hospital at some point during your labor, your midwife(s) will continue to offer support and will remain with you through whatever situation develops. She/ They will continue with postpartum care following your discharge home. Labor management in the home prior to transport will be billed at a rate of \$100.00/hr and will not exceed a total maternal global fee of \$4500.00. Midwives' 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. The birth assistant fee (additional \$400) is separate and not billable to insurance. We are unable to bill insurance for our services at the hospital. Should we transport to the hospital prior to utilizing the services of a birth assistant, the \$400 birth assistant fee will then be made payable to Vivante and be applicable to our support services that are provided in the hospital.

In the event of a transport to the hospital, insurance billing will be itemized out for prenatal visits, labor management hours prior to transport, and postpartum visits. In the event of a transport to the hospital, additional fees will be incurred for hospital services rendered, and billed separately by the hospital and its care providers.

4. Transferring Care

Should you decide to transfer care, or should it become necessary, fees are listed below 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, prenatal fees are bundled, based on number of prenatal visits, as follows:

4-6 visits	\$1500.00
7 + visits	\$1900.00

Less than 4 visits are itemized out as follows:

\$250.00	Initial visit
\$175.00	Each prenatal office visit
\$200.00	Each home visit
	Blood draws and supplies

5. Payment Plans

We like to work out payment plans with all of our clients at the beginning of care, outlining the total price to be paid and a schedule of payments. **All payments of the estimated out-of-pocket cost, (as calculated by us according to insurance benefit verification), must be received by 36 weeks gestation.**

6. Deposit

A non-refundable deposit of \$200.00 is payable at the first visit to cover the costs of your prenatal packet, educational handouts, billing paperwork & service, scheduling, and supplies needed in the course of your prenatal care. This deposit contributes toward your estimated out-of-pocket cost.

7. Cash Pay Discount

We offer a discount to clients who are paying completely out-of-pocket, for whom we are not billing insurance. The cash pay discounted fee is **\$4500.00 + \$400.00 birth assistant fee = \$4900.00**, payable by 36 weeks of pregnancy as calculated by us. We offer a 10% early payment discount for our cash pay clients (not applicable to the birth assistant fee), if able to pay in full by 28 weeks of pregnancy as calculated by us, which reduces the fee to **\$4050.00 + \$400.00 birth assistant fee = \$4450.00**. The birth assistant fee is separate and payable to our birth assistant, due at 36 weeks gestation.

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 us to release health information to our billing service, and for 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; supplies; IV therapy; newborn exams & newborn screens; postpartum home visits. (If global fee is not applicable, individual visits are billed.)

If your insurance denies your claims, you are responsible for paying us the entire fee.

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

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, 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 non-refundable deposit of \$200.00 which covers administrative and insurance billing services. Vivante pays an average of \$200-\$250 to the billing service for each claim processed. The birth assistant fee of \$400, is payable by check at 36 weeks, and is not billable to insurance. The birth assistant fee is paid directly to a third-party subcontractor. Client agrees to pay all third-party vendors and subcontractors for birth assistant fee.

9. 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.

10. Entire Agreement

Unless modified in writing, this document contains the entire financial 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.

1. Estimated Out-of-pocket fee, as determined by Vivante Midwifery based on Insurance Benefit Verification:	\$	
2. Birth Assistant fee:	\$	400.00
3. Less Non-Refundable Deposit (\$200.00) and any additional down payments:	-	\$ -----
4. Unpaid Balance (monthly payments or lump sum): Payable by 36 weeks of pregnancy	\$	

These fees do not include laboratory work, diagnostic tests, ultrasounds or certain supplies.

The client hereby agrees to pay Vivante Midwifery the unpaid balance on or before ___/___/___.

This is to verify that we have read and understand the above financial agreement, have received a copy of Vivante Midwifery's Fee Schedule, and have agreed to fulfill our obligations to Vivante Midwifery as stated above.

Client _____ Date _____

Spouse or Partner _____ Date _____

Practice _____ Date _____