

FINANCIAL AGREEMENT

1. Parties

This agreement is made between _____ Client(s), and Transitions Midwifery Services, LLC, the Practice.

2. Fees

The practice’s package fee is \$2600.00, which includes:

- Regular prenatal visits including a minimum of one home visit at approximately 36 weeks of pregnancy
- Labor, birth, and immediate postpartum care for mom and baby
- Postpartum visits at 24 to 36 hours, day 3, and 6-8 weeks.

This fee does **not** include:

- Lab work
- Birth kit
- Newborn screenings or other tests required by state law
- Any referred services (e.g., ultrasound)
- DHEC-required 2 prenatal visits with MD or CNM
- Prescriptions that may need to be filled prior to the birth (anti-hemorrhagic agents, newborn ophthalmic eye ointment, etc)

3. Transport

The package fee will remain the same should practice decide to transport you to a hospital at some point during the two weeks before your due date or during your labor. If this occurs, your midwife will continue to offer support and will remain with you through whatever situation develops. She will continue with postpartum care following your discharge home. This 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.

4. Transferring Care

Should you decide to transfer care, or should it become necessary, after your 36th week as calculated by us, but prior to labor, the fee will be \$2400 and will not include postpartum care, unless other arrangements are made. The practice plans its schedules with your due date in mind (and may have possibly turned down other clients). If you terminate care prior to your 36th week, charges will be as follows:

- \$ 50 Consult fee
- \$500 Initial visit and contract for services fee
- \$200 Each prenatal visit

5. 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 37 weeks gestation, as calculated by us.** As financial circumstances differ among each of us, you may devise your own payment plan and outline it below, keeping in mind that all services must be paid for in full by 37 weeks gestation.

Date_____	Amount_____	Date_____	Amount_____	Date_____	Amount_____
Date_____	Amount_____	Date_____	Amount_____	Date_____	Amount_____
Date_____	Amount_____	Date_____	Amount_____	Date_____	Amount_____

Any clients accepted for care who are greater than 36 weeks gestation at the initial visit must pay the full fee at that initial visit.

6. Cash Discount

Self-pay clients may receive a 20 percent discount, reducing the package fee to \$2,400.00.

7. 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 delivery, intrapartum care, birth assistance, supplies, IV therapy, newborn exams & PKU, postpartum home visits.

When we bill clients directly, we standardize all services into a \$2600 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 \$2600 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 \$2600.

The client is responsible for paying the practice enough to ensure that the minimum reimbursement is \$2600 if the practice will be filing insurance claims. If your insurance denies your claims, you are responsible for paying us the entire package fee of \$2600.

If you have insurance and we will be submitting claims, you agree to pay the entire fee in advance. The practice will submit a "superbill" to our billing service after the postpartum care has been rendered, who will then bill you insurance company. 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, which is not uncommon, 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.

8. 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.

9. 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.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Transitions Midwifery Services, LLC, as stated above.

Client _____ Date _____

Spouse or Partner _____ Date _____

Practice _____ Date _____