Financial Agreement

Section 1: Parties
This agreement is made between ____________________________, hereafter referred to as the Client(s), and Kim Lane, CPM, LM, D.B.A. Home Birth Midwifery Service (HBMS), hereafter referred to as the Practice.

Section 2: Fees
The Professional “Package” fee is either $4,300.00 (in-home prenatal care) or $4,000.00 (at birth center prenatal care)
Your chosen package fee includes:

- $500 NON-refundable retainer fee (due at first prenatal visit);
- Care of a VA Licensed Midwife (CPM) and her assistant(s)/student(s) (MW Assist’s fee included);
- Comprehensive, unlimited prenatal visits (prep for home birth visit at 35-36 weeks in your home);
- Individualized, personalized pregnancy, childbirth education (“Special Delivery” workbook included);
- Continuous labor, birth, and immediate postpartum care in your home;
- Filing of state official birth certificate, required by law (absolutely NO exceptions);
- Baby Footprints (if desired);
- Postpartum visits for Mother & Baby: 24-36 hours, 2 days, 5 days (as needed), 2 wks, 4 wks (optional), & 6 wks.

The Practice’s professional fee does NOT include:

- Insurance administrative fee & hourly office rate ($20 VOB, $100 or 8% of the total insurance reimbursement & $50/hr);
- PayPal or Square handling fees (3% added to each payment);
- Mileage surcharges (traveling outside of the HBMS Service Area = $1/mile roundtrip, twice);
- Birth Kit: must be ordered by client by 35 weeks (Practice will charge $40 to supply this kit);
- Non-routine & extra supplies used at the birth (Clients will be billed for these supplies);
- Water birth related supplies (use OUR pool or order your own: HBMS Water Birth Pool & Birth Kit at Precious Arrows: $115);
- Lab work fees for mom and/or baby (Newborn Genetic Screening is NOW performed by HBMS for $70);
- Referred services such as ultrasounds, diagnostic tests, etc;
- Non-stress testing & postdates in-home monitoring;
- Physician, hospital, laboratory, and anesthesia charges;
- EMS charges for emergency services in the home and/or transport to hospital;
- Independent Childbirth Education class fees;
- Independent Birth and/or Postpartum Doula fees... etc...

Section 3: Transfer of Care >35 wks and/or Hospital Transport ~ Continuity of Care Agreement

The package fee remains the same should this practice decide to transfer you to physician care or transport you to a hospital any time after the 35th week of pregnancy. If this occurs, your midwife will remain with you through whatever situation develops and continue to offer support and will continue to care for you through your 6-week postpartum period. This clinical, emotional, and physical 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. Should you choose to terminate this Continuity of Care Agreement with this practice, there is NO REFUND of the professional fee.

Section 4: Client-Initiated / Risked-Out Transfer of Care 28 to 35 wks; Fees for Service <28 wks

Should you decide to discontinue care (client-initiated), or should we determine it necessary to transfer care (risked-out) between 32 - 35 weeks, as calculated by us, the fee will be $3,000.00 and will not include any birth or postpartum doula care, unless such arrangements are made and the appropriate fees are paid as service is rendered.

As this practice plans its schedules with your due date in mind (possibly turning down other clients), should you decide to terminate your care with us, or should it become necessary between 20-32 weeks, the fee will be $2,500.00.

If you/we terminate care before 20 weeks, charges will be as follows:

- $250.00 for initial visit
- $200.00 each prenatal office visit
- $250.00 each home visit
- $15.00 each hemoglobin or blood glucose finger-stick

The $500 retainer is NON-REFUNDABLE, which will be deducted from any refund owed to a client.

Section 5: Payment Plan Requirements ~ Payment in Full by 36 wks

All clients are required to develop a Payment Plan and pay our package fee (less any discounts) in full by 36 weeks of pregnancy. This ensures that the practice is paid for the services rendered to you in a timely fashion, as insurance is notoriously SLOW to pay.
Section 5: Payment Plan Requirements ~ con’t

Insurance companies require us to bill accurately for all services and supplies. This means that there will be at least three (3) bills which will be sent to your insurance by Larsen Billing Service. Bills will be sent: 1) for your initial visit to establish your plan of maternity care; 2) for global maternity care charges for mother; and 3) for midwifery professional services for care of your baby, birth to 6 wks. Depending on your insurance, other circumstances may apply. Hospital transport filing is another matter altogether and filing requires specialized coding and handling. For these reasons, we out-source insurance billing to a professional billing service. **YOU pay for these services separately from our fee (see Section 2).**

Section 6: Financial Burden/Hardship Discounts ~ Barter for Service Option

All clients benefit from the reduced cost of midwifery care and birth in the home. You are saving over 50% of the cost of having a normal, vaginal birth in the hospital by choosing a home birth.

Financial Burden/ Hardship Discounts: If you are experiencing financial hardship, please let us know. Discounts and payment plan extensions are available: Discounts of as much as $500 OFF & extensions to 6 wks postpartum. Do not be ashamed to ask! These discounts are based on debt-to-income and budget needs. You will need to fully explain your financial circumstances.

**Barter for Service (Service-for-Service or Product-for-Service)** is always a welcome option for those clients with services or products to offer in exchange for HBMS Services. Please be sure to ask about this option.

Section 7: Private Insurance ~ Reimbursement Agreement

Billing your insurance is a service provided to you in order that **YOU** get reimbursed per your schedule of benefits. Our billing service, Larsen Billing, will prepare claims to and communicate with your insurance company or health carrier on your behalf. An insurance administrative fee of $100 or 8% of total reimbursement, whichever is greater, is collected after your insurance has paid its part. By entering into this contract and signing where indicated, “you, the client, authorize Larsen Billing Service, LLC to release health information to your insurance company or health care carrier for the purpose of processing your claims.”

Our billing service, Larsen Billing, may bill your insurance company or health carrier for the following services related to you and your baby’s care, including, but not limited to:

- **Initial visit, in-office lab work** (finger stick/venipuncture fees, hemoglobin, blood glucose, dipstick urinalysis, Eldon Card blood typing, etc.) OB global code care (prenatal visits, intrapartum (labor), delivery, postpartum care), childbirth education & related supplies, labor/postpartum birth assistance, hydrotherapy & use of birth pool, non-routine supplies, newborn exam, extra home postpartum visits, breastfeeding consultations (home and/or office), transport & in-hospital labor support fees, etc...

Midwifery services for clients with insurance is **$4000 or $4300** (depending on the prenatal care option you choose.)

When Larsen bills your insurance, they must “itemize” each and every specific service we provide, to both mother and newborn, in accordance with insurance coding structure and the associated fee for each service. This frequently means that the total amount billed to insurance is more than our “package” fee. **We have the right to accept reimbursement from insurance that EXCEEDS the amount you paid to us.** If your insurance company reimburses you directly and the amount exceeds that which you paid, you are obligated and agree to pay us the difference. You may not keep more than what you have paid. Our service is entitled to the overage; and you may not profit from insurance reimbursement, this is considered Consumer Insurance Fraud.

Client’s are DISCOURAGED from attempting to file their own insurance claim. Our experience has proven this to be unfruitful, causing LONG delays and hours of extra work for our midwife, which translates into higher filing fees billed to you. **Please note:** if you require HBMS to complete any forms/communications for you, our insurance filing assistance fee is $50/hour.

Section 8: Delinquent Accounts ~ Unpaid Balance

Any unpaid balance remaining, 30 days after your birth (unless a previous written agreement is in place) or after insurance reimbursement was paid, **is considered delinquent and is subject to a 1.5% monthly interest charge.** You have up to three (3) months to pay the total deficit due before collection procedures commence. Balances >90 days delinquent will be sent to collections, with all associated fees added to the balance. Please do not take advantage of our forbearance and kindness; your disregard for a Past Due Balance is grounds for Small Claims Court action.

Section 9: Refunds

If you decide to leave the care of the **Home Birth Midwifery Service** and have prepaid your account, a refund, less the non-refundable retainers and all amounts owed for care provided (see Sections 2, 3 & 4), will be issued within 60 days. A **30-Day Written Notice to Discontinue Care** is expected, except in emergency situations where notice is not possible and some satisfactory form of proof can be provided.

Section 10: Disclaimers

We, the Clients, relieve the Practice of any financial responsibility arising from outside medical care: doctor’s fees, laboratory fees, hospital fees, EMS transport fees, etc..

**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 and attached herewith.**

Section 11: Entirety of Agreement

Unless modified in writing, this document contains the entire agreement between the parties and no other promises or representations have been made. **Verbal agreements MUST be finalized in writing.** If any portion of this agreement is rendered or held unenforceable or unlawful, such provision is severable and the remainder of the agreement shall continue in effect.
Section 12: Patient Verification of Responsibility ~ Payment Agreement

This is to verify that I/we have received, read and understand this Financial Agreement, dated _____________________. I/We agree to fulfill our obligations to **Kim Lane, CPM, LM, D.B.A. Home Birth Midwifery Service**, as stated in this Financial Agreement document. The appropriately check boxes ☐ below indicate our agreement(s):

☐ We are **Self-Pay** and agree to pay the package fee of **$4,000/$4,300** (depending on the prenatal care option we elect) and is due by the end of the 36th wk (see our payment plan below).

I/We seek **Financial Hardship** consideration & as much as a **$500 OFF discount**. ($________ approved) **MW Initials**

Client(s) shall indicate & explain their financial hardship and need:

☐ I/We would like to arrange to **Barter for Service**. The bartered service or item(s) are listed as follows:

☐ A separate addendum is attached to further outline this agreement if necessary.

☐ We are **Insured** and agree to pay the package fee of **$4,000/$4,300** (depending on the prenatal care option we elect), which is due by end of the 36th wk (see our payment plan below). We understand that if our insurance reimbursement **exceeds** that which we have paid to **HBMS, the additional amount is owed to HBMS**.

I/We agree to have **Larsen Billing Service, LLC** act as our billing agent via **HBMS** and file our insurance claim. We understand that **Larsen** charges **HBMS $100 or 8% of our total reimbursement, whichever is greater**, as an administrative fee and **we agree to pay this amount to HBMS after receiving the HBMS Insurance Fee invoice**.

☐ **Mileage Fee:** I/We live ___ miles **outside of the HBMS Service Area** & agree to pay the mileage fee of: $1/mile roundtrip times (x) 2.

I/We agree to pay the agreed upon amount of $___________, in the following installments:

<table>
<thead>
<tr>
<th>Payment 1: $500.00 to be paid by</th>
<th>Payment 6: $______ to be paid by</th>
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<tr>
<td>Payment 2: $______ to be paid by</td>
<td>Payment 7: $______ to be paid by</td>
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* The $500.00 Retainer Fee is **NON-refundable**.

☐ Bill these installments using **PayPal**. E-mail invoice to: ____________________________

I/We understand that the **3% PayPal transaction fee** will be added to each payment made via **PayPal**.

☐ Bill these installments using my credit card:

Name on card: ___________________________ Exp: ________ / CVC: ________ Signature: ___________________________

I/We understand that the **3% transaction fee** will be added to each payment made via **Square**.

**Signatures:**

This agreement is made between______________________________, the Clients, & **Kim Lane, CPM, LM, D.B.A. Home Birth Midwifery Service**, the Practice.

Client Signature ___________________________ Date ____________

Spouse or Partner Signature ___________________________ Date ____________

Midwife Signature ___________________________ Date ____________

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