Heaven Sent
HOMEBIRTH

MIDWIFERY FINANCIAL AGREEMENT

Midwifery Service Fee

Upon the signing of this contract/at the first appointment, a non-refundable retainer fee of $1000 is required to initiate care, which will be credited towards your total balance due. Free Spirit Llc. offers payment plans with the expectation that the balance is paid in full by 36 weeks' gestation or midwifery services may discontinue. Free Spirit Llc does not offer payment plans that extend into the postpartum period. For clients who wish to pay their global midwifery fee up front (at the first prenatal), we offer an upfront payment discount of 5%.

The total midwifery service fee is $7000, this includes all prenatal visits, 24/7 accessibility to a midwife, any limited ultrasounds the midwife performs in the office, delivery at home or at the birth center, appropriate transfer of care should complications arise, certified birth assistants, postpartum visits, newborn growth assessments, collection for newborn screenings. (*See more details in the Midwifery Service Agreement*)

Travel Fees

Birth Center: Included in care is a home visit at 24-48hrs postpartum. A travel fee may be applied for the 24-48hr postpartum home visit if the client's home is more than 40 miles from the center. Travel fees are >40miles is $200, >60miles is $300.
Homebirth: Travel fees are $100 for <40miles, $200 for >40miles, $300 for >60miles from the center. This travel fee is applied twice, one for the birth and one for your 24-48hr home visit.

Extended Stay

If the client wishes to stay beyond 6 hours postpartum due to exhaustion or long travel time home, clients may stay until their 24hr postpartum check is performed for an additional $200. It should be understood that during this extended stay we are not actively monitoring or caring for clients, but all other amenities are still available.

Lab work

If clients do not wish to use insurance for lab work, we offer a lab work addition for $400. This includes all routine obstetric and functional medicine labs such as: CBC, Blood Type, Antibody, Hep B&C, Syphilis, Rubella, HIV, Chlamydia, Gonorrhea, A1C, Vit D, Ferritin, TSH, Gestational Diabetes Test, GBS culture, urinalysis and urine culture. Several of these tests may be repeated based on risk factors and blood type (such as rh-). If a client wishes to waive any of these tests, they have every right to do so, but it will not change the total fee. These services are bundled and already provided at a discount.

Total Service Amount: _____ **Discount:** _____ **Notes:** _____

Payment Plan

If you are not planning to pay in full upfront, the following payment plans are available.

☐ Monthly: Service Total: _____
Deposit Amount: _____
Monthly Amount: _____
Date Payment Plan Begins: _____
Date End (36weeks gestation): _____

☐ Biweekly: Service Total: _____
Deposit Amount: _____
Biweekly Amount: _____
Date Payment Plan Begins: _____
Date End (36weeks gestation): _____

☐ Alternative: Service Total: _____
Deposit Amount:_____
Total Due By (36wks): _____
Payment Amounts & Dates:_____
_____
_____
_____

Additional Costs May Include: Homebirth kit ($50+), complicated lab testing fees, anatomy scan ultrasound or problem ultrasounds and other contractors such as a labor doula or independent childbirth classes, collaboration for medical needs (such as a physician consultation), medications or elective testing/screenings.

Accepted Payments

We accept most forms of payment including cash, credit, check, ACH and HSA, however, payments made by credit card do have a 2.69% processing fee. If it is helpful for the client, we do have the ability to set up automatic payments for ACH and credit cards.

Refund Policy

If care is discontinued prior to 20 weeks gestation and the client has paid in full, the full amount minus the $1000 retainer is refunded. If care is discontinued between 20+1-28 weeks and the client has paid in full, the amount refunded is $3500. If care is discontinued between 28+1-36 weeks gestation and the client has paid in full, the amount refunded is $1300. If the client discontinues care after 36+1 weeks gestation, there are no refunds. If a refund exceeds $1000, that refund may be issued in payments of $500-$1000/month until the client is refunded in full.

Clients should understand that they are paying for Midwifery care and not the guarantee of an out of hospital birth. If the midwife does not arrive in time for the birth due to a quick birth or the client delaying notification of labor, fees will not be refunded and any balance on the account continues to be the responsibility of the client.

Superbill Policy

Heaven Sent Homebirth is a cash-pay practice and does not provide superbills for insurance reimbursement. Beginning in 2027, many insurance companies transitioned away from bundled maternity reimbursement, requiring providers to bill each prenatal visit, procedure, laboratory service, and postpartum visit individually. Our practice intentionally uses a global fee so that every family knows the full cost of care upfront, without unexpected increases based on the number of appointments or services received.

HealthShare Policy

Heaven Sent Homebirth is a cash-pay practice with a bundled (global) maternity fee. Upon request, we will provide an itemized invoice based on a typical maternity care package to assist with HealthShare reimbursement. Because our services are billed as a bundled package rather than fee-for-service, the amounts listed on the itemized invoice are a standard allocation of the global fee and may not reflect the exact services provided or the value of services received during your care. For example, if additional prenatal visits are needed or care is transferred to a hospital before delivery, the itemized invoice may not equal the services ultimately provided. It is the client's responsibility to submit the itemized invoice and any required documentation to their HealthShare organization. Reimbursement is determined solely by the HealthShare organization, and Heaven Sent Homebirth cannot guarantee reimbursement or payment.

I further state that I have voluntarily entered into this agreement fully aware of its terms and conditions.

_____ _____

Midwife Client Date:

_____ _____

Midwife Date: