



## 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 routine obstetric and functional medicine labs such as: CBC, Abo+Rh, Antibody, Hep B, Syphilis, Rubella, HIV, Chlamydia, Gonorrhea, A1C, Vit D, Ferritin, TSH, Gestational Diabetes Test, GBS, 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+1-34 weeks gestation and the client has paid in full, the amount refunded is \$1300. If the client discontinues care after 34+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.

**Insurance**

We are not in-network with any insurance companies and do not bill insurance for any of our services. If you believe that your insurance has benefits that will cover a portion of your midwifery service fees, after services are rendered (6 weeks postpartum), a super bill can be created upon request. Clients can then submit the superbill to their insurance company to apply for reimbursement. Each insurance company has their own acceptable fee amounts for services and may have their own form that needs to be filled out for reimbursement purposes. It is the client's responsibility to retain this form, and your Midwife may help you fill out appropriate information. Your Midwife cannot guarantee what an insurance company will reimburse you for out-of-network services.

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

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Midwife Client

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Date:

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Midwife

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Date: