



MIDWIFERY FINANCIAL AGREEMENT

Midwifery Service Fee Initial _____

Upon the signing of this contract, a non-refundable retainer fee of \$500 is required to initiate care, which will be credited towards your total balance due. The total global midwifery fee includes all services mentioned in the Midwifery Services Agreement. Heaven Sent Birth, Inc. offers payment plans with the expectation that \$300-\$500 is paid at every prenatal visit and the balance is paid in full by 36 weeks' gestation or midwifery services may discontinue. Heaven Sent Birth, Inc. does not offer payment plans that extend into the postpartum period. For clients who wish to pay their global midwifery fee up front, we offer a cash pay discount of \$500 for full services and a \$300 discount for late transfers.

Travel Fee: For clients who live more than 40 miles from the office address of 4217 University Ave, Des Moines, Iowa 50311, there is a \$300 travel fee. For those that live more than 60 miles, the travel fee is \$600. This travel fee breaks down as \$100-\$200 per home visit (3). To reduce this fee, clients may opt to come into the office for their 24-48hr postnatal/newborn care visit.

Breakdown of Fees:

FULL CARE	Volume	Base Fee	<40mi	40+ mi	60+mi
Deposit/Initial Visit	1	500	500	500	500
Antenatal Care 7+ Visits	7	150	1050	1050	1050
On-Call @ 28 weeks	1	1000	1000	1000	1000
Homebirth/Co-care @ 32 weeks	1	2000	2000	2000	2000
Assistant	1	450	450	450	450
Postnatal Visits	4	150	600	600	600
Travel Fee, past 40mi	1	300	0	300	600
			5600	5900	6200
		Cash Pay Discount	500	500	500
			5100	5400	5700

LATE TRANSFER	Volume	Subtotal	<40mi	40+mi	60+mi
Deposit/Initial Visit	1	500	500	500	500
Antenatal Care 4+ Visits	4	150	600	600	600
On-Call @ 28 weeks	1	1000	1000	1000	1000
Homebirth/Co-Care @ 32 weeks	1	2000	2000	2000	2000
Assistant	1	450	450	450	450
Postnatal Visits	4	150	600	600	600
Travel Fee, past 40mi	1	300	0	300	600
			5150	5450	5750
		Cash Pay Discount	300	300	300
			4850	5150	5450

Refund Policy

If care is discontinued prior to 32 weeks gestation, the following fees are retained: \$500 non-refundable deposit, \$150 per antenatal visit, \$1000

on-call fee after 28 weeks. If a refund exceeds \$1000, that refund may be issued in payments of \$500-\$1000/month until the client is refunded in full.

If the client discontinues care after 32 weeks' gestation, there are no refunds. If a client's pregnancy becomes classified as 'high-risk' after 32 weeks gestation, midwifery care may continue in collaboration with a physician and birth support may consist of 24/7 access of communication with your midwife for any questions, comfort ideas or recommendations. All postpartum and newborn services continue as planned once they are discharged from the hospital. Client should understand that they are paying for Midwifery care and not the guarantee of a delivery at home. 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 Billing

If you believe that your insurance or health savings account has benefits that will cover a portion of your midwifery service fees, after services are rendered (6 weeks postpartum), billing codes will be entered on your invoice upon request. Client should understand that if there is a transfer of care prenatally or during labor, that billable charges may vary and should include postpartum visits. Clients can then submit this receipt to their insurance company to apply for reimbursement. Each insurance company has their own accepted 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. Heaven Sent Birth, Inc cannot guarantee what an insurance company will reimburse you for out-of-network services.

If you have hired an Independent Contractor of Heaven Sent Birth, Inc. your Midwife has the option to work out midwifery service fees for clients. If the total fee agreed upon is different than the aforementioned fee, your midwife may specify below.

The total fee agreed up is: _____ Any cash pay discounts will be applied upon full payment and should be reflected in your final invoice.

Additional financial agreement notes: _____

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

Midwife Client Date: _____

Contracted Midwife Date: _____