



Financial Agreement

Midwifery care should be available to anyone who wants a midwife and is healthy enough for an out-of-hospital birth. My fees reflect the value of my services while staying within the average cost for this area.

I offer a discounted global fee of \$5,000 if you pay in full by 36 weeks. If this amount is not paid in full by 36 weeks, I will not be available for your birth.

Using the agreed payment plan. Your plan must include an initial payment and monthly payments that fit your budget. Choosing a payment plan does not change the quality of care you receive. Skipping prenatal or postpartum visits does not reduce the total fee.

A non-refundable initial payment of \$500 is due at our first prenatal visit. This registration fee is non-refundable. It covers the first visit, charting, paperwork, lab requests, and other work needed for safe prenatal care. This fee is part of the global cost and will be deducted from your final balance.

If payment dates or amounts are not met, services will be suspended, and you will be transferred to another provider. You must fill out the payment plan section of this agreement.

Client Initials _____ **Partner Initials** _____

Global Service Includes

- Prenatal visits every 4 weeks until 28 weeks, every 2 weeks from 28 to 36 weeks, and weekly from 36 to 41 weeks or as needed until birth
- Birth pool rental
- Fifty percent of the birth assistant fee
- Intrapartum care, delivery, and immediate postpartum care
- Emergency medications
- Postpartum visits in the first week and follow-up visits during the 6-week postpartum period
- Newborn exams and well baby checks during postpartum visits are provided at no extra cost
- General lactation support and referrals as needed

Client Initials _____ **Partner Initials** _____

What Is Not Included in the Global Fee

Labs, ultrasounds, non-stress tests, labor augmentation supplies, non-emergency medications, newborn hearing screening, any costs related to transfer of care, nutritional supplements, herbs, teas, tinctures, homeopathic remedies, placenta services, doula support, birth photography, or anything not listed in the included services section.

Client Initials _____ **Partner Initials** _____

Charges Outside the Global Fee

When Charges Outside the Global Fee Apply

These charges only apply if you are not on the global maternity package or if services fall outside the routine course of care. For example, they may be used if someone receives only a few visits, receives care after ending services before 28 weeks, or chooses care that is not part of the global fee. These charges are not added to the five-thousand-dollar global fee for clients who remain in care through pregnancy, birth, and postpartum.

Charges Outside the Global Fee

- Registration fee: \$600
- Prenatal visit initial or follow-up: \$500
- Routine prenatal visit: \$250
- Problem or complication visits: \$350
- Intrapartum care and delivery: \$2500
- Postpartum visit: \$350
- Newborn exam initial and second: \$350
- Newborn routine visit: \$250
- Newborn metabolic screening: \$250
- Water birth pool rental: \$250
- Birth assistant: \$500 each

Client Initials _____ **Partner Initials** _____

Other Costs

Labs. Certain labs are requested for safety. A second set around 28 weeks may be suggested. Other labs may be offered if beneficial.

Ultrasound. One ultrasound at 18 to 22 weeks is requested for safe out of hospital birth.

Insurance usually covers labs and ultrasounds. If you do not have insurance, please ask for pricing before testing.

All fees must be paid in full by 36 weeks unless a different written agreement has been made. If fees are not paid in full, you will be transferred to a physician of your choice. This policy is not negotiable.

Client Initials _____ **Partner Initials** _____

Insurance

I am not in network with any insurance company. Artemis Billing may help you seek reimbursement from your insurance. Your contract for insurance billing is with Artemis Billing, not with Tell The Bees Midwifery.

Payment

Payments may be made by cash or check. I do not accept credit cards.

Client Initials _____ **Partner Initials** _____

Medicaid

If you do not receive an exemption from your MCO, you will be charged the full cost of care.

Client Initials _____ **Partner Initials** _____

Payment Plan

I agree to make an initial payment of \$500 at my first prenatal visit. After that, I will make payments according to the plan below. I understand that full payment is required if services continue beyond 28 weeks 0 days.

Payment Plan

Payment Date Due	Weeks Gestation	Amount Due	Balance

Client Initials _____ **Partner Initials** _____

Termination of Services and Refunds

If services end before 28 weeks 0 days, billing will follow the charges outside the global fee based on the visits and services already received. No funds will be returned after 28 weeks.

The signature below shows acceptance of all terms. Any changes must be in writing.

Client: _____ Date: _____

Partner: _____ Date: _____

Midwife: Naomi Voss, CPM Date: _____