

# Branch of Life Midwifery, LLC

## Financial Agreement & Policy



This agreement is made between \_\_\_\_\_ (patient) and Branch of Life Midwifery, LLC.

### Professional Midwifery Fee

The global obstetric fee for Branch of Life Midwifery is **\$5,500**, due in full by 36 weeks' gestation. A non-refundable deposit of **\$500** is required to secure your place as a patient and is due at your initial prenatal visit.

#### This fee is all-inclusive of the following services:

- Comprehensive prenatal care throughout your pregnancy
- Birth team on-call commitment from 37–42 weeks' gestation
- Professional midwifery care during labor, birth, and immediate postpartum in the comfort of your home
- Postnatal care through 6 weeks, including 2–3 in-home visits
- Referrals and consultations with other healthcare professionals as indicated
- One birth assistant — a trained medical professional (\$500 of the total fee is allocated to the assistant)
- Birth certificate filing and application for Social Security number
- Free prenatal vitamins upon request

### Recommended Payment Schedule

Payments may be made by cash, check, Venmo, CashApp, or credit/debit card. Payments are due by the gestational milestone listed. If you need to arrange an alternative payment plan, this must be discussed and agreed upon in writing prior to 20 weeks.

Milestone	Amount Due
Initial prenatal visit (non-refundable deposit)	\$500
16 weeks	\$1,000
20 weeks	\$1,000
24 weeks	\$1,000
28 weeks	\$1,000
32 weeks	\$1,000
36 weeks (remaining balance, if any)	<b>Balance due</b>
<b>Total</b>	<b>\$5,500</b>

## Additional Fees

The following services are not included in the professional midwifery fee and are billed separately. Some may be covered by health insurance. Payment is due at the time of service unless otherwise arranged.

Service	Fee
Lab services (blood work, cultures, genetic screening, newborn blood typing)	Billed separately
Prenatal ultrasounds or other diagnostic imaging	Billed separately
Consultations or visits with other healthcare providers	Billed separately
RhIG injection (Rhogam) — Rh negative patients, during pregnancy and/or postpartum	\$150 / dose
Birth tub rental	\$50
Birth kit and home birth supplies	~\$50
Newborn metabolic screening (state-mandated)	\$211
Post-dates monitoring (NST/BPP) after 41 weeks, if indicated	Billed separately
Additional postpartum visits beyond standard 2–3 included visits	To be discussed

Please initial below to confirm you have read and understand the fee schedule above.

I have read and understand the Professional Midwifery Fee and Additional Fees sections. \_\_\_\_\_ (initial)

## Transfers, Transports & Refund Policy

We understand that transfers and changes of plan are sometimes necessary. The following policies are designed to be fair to both parties and reflect the significant time, preparation, and on-call commitment involved in homebirth midwifery care.

### Transport During Labor or Immediate Postpartum

If a transport to the hospital occurs during active labor or in the immediate postpartum period, the full professional midwifery fee of \$5,500 is due and no portion will be refunded. This fee reflects the comprehensive prenatal care provided, all preparation and supplies, on-call time, the birth team's commitment, and the assistant midwife fee.

Initial: \_\_\_\_

### Transfer of Care Prior to Labor — Medical Reasons

If a transfer of care is medically indicated prior to labor beginning, you will be billed for all care received up to the date of transfer. If you choose to continue with Branch of Life Midwifery in a parallel care capacity alongside another provider, the full professional midwifery fee of \$5,000 (excluding the \$500 birth assistant fee) applies.

If transfer of care occurs prior to 34 weeks for medical reasons and you are paid ahead of your current gestational milestone, a prorated refund of payments beyond services rendered will be issued within 30 days.

Initial: \_\_\_\_

**Transfer of Care Prior to Labor — Non-Medical Reasons**

If you choose to transfer care for non-medical reasons, all payments made prior to the date of transfer will be retained by Branch of Life Midwifery, LLC for services rendered and on-call time. Any outstanding balance per the payment schedule above will remain due. After 36 weeks, the full professional midwifery fee of \$5,000 (excluding the \$500 birth assistant fee) is due with no refund issued.

Initial: \_\_\_\_

**Transfer of Care — Pre-Labor, Paid in Full**

If you are paid in full and a transfer of care occurs prior to labor beginning, a \$500 refund will be issued for the birth assistant fee, as that portion of services was not rendered.

Initial: \_\_\_\_

**Late Transfer to Branch of Life Midwifery**

Patients transferring to Branch of Life Midwifery late in pregnancy for any reason remain responsible for the full professional midwifery fee of \$5,500. An alternative payment plan may be arranged and must be agreed upon in writing prior to initiating care.

Initial: \_\_\_\_

**Spontaneous Miscarriage**

In the event of a spontaneous miscarriage prior to 16 weeks, all fees paid beyond the initial \$500 non-refundable deposit will be refunded within 30 days.

Initial: \_\_\_\_

**Precipitous Birth / Midwife Arrival After Delivery**

Each birth has its own timing. If Branch of Life Midwifery arrives after the baby has been born and continues with postpartum and newborn care, the full professional midwifery fee of \$5,500 remains due. Precipitous labor is not grounds for a fee reduction.

Initial: \_\_\_\_

**Inability to Attend Birth**

In the unlikely event that Branch of Life Midwifery is unable to attend your birth due to circumstances beyond our control (e.g., simultaneous births, medical emergency), a refund of \$1,000 will be issued from the total fee, or the remaining balance of \$4,500 will be due if not yet paid in full.

Initial: \_\_\_\_

**Unexpected Outcomes**

No healthcare provider can guarantee a perfect outcome during prenatal care, labor, birth, or the postpartum period. In the event of an unexpected outcome, you remain financially responsible for all contracted care as outlined in this agreement.

Initial: \_\_\_\_

## Termination of Care

---

Branch of Life Midwifery reserves the right to terminate midwifery services under the following circumstances:

- Full payment has not been received by 36 weeks and no written alternative payment arrangement has been established
- The patient is non-compliant with care in a manner that creates a safety risk
- The patient engages in behavior that is threatening, abusive, or disrespectful toward the midwife or birth team

In all cases, reasonable notice will be given and the patient will be assisted in locating alternative care. Emergency care will never be withheld.

I understand that failure to meet financial obligations as outlined in this agreement may result in termination of midwifery services by Branch of Life Midwifery, LLC.

Initial: \_\_\_\_

## Collections & Dispute Resolution

---

Failure to fulfill financial obligations as agreed may result in the balance being referred to a collections agency and may negatively affect your credit report. Any disputes arising from this contract will be resolved through binding arbitration. The cost of arbitration services will be the responsibility of the patient.

Initial: \_\_\_\_

## Patient Agreement & Signature

---

By signing below, I confirm that I have read, understood, and agree to all terms of this Financial Agreement with Branch of Life Midwifery, LLC. I understand my financial responsibilities and that failure to fulfill these obligations may result in termination of services.

Patient name (print): \_\_\_\_\_

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Midwife name (print): \_\_\_\_\_

Midwife signature: \_\_\_\_\_ Date: \_\_\_\_\_

◆ Branch of Life Midwifery, LLC ◆  
jessica@branchoflifemidwifery.com · 828-381-2004 · Fax: 828-739-6917