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

Professional Midwifery Fee:

Branch of Life Midwifery “global obstetric” fee is $5500 total and is due in full by 36 weeks’ gestation. The initial deposit of $500 is non-refundable and due at your initial prenatal visit. Below is a list of what is included with fees.

The professional midwifery fee includes:

* Comprehensive prenatal care
* Birth team commitment from 37-42 weeks.
* Professional midwifery care during labor, birth, and immediate postpartum in the comfort of your home.
* Postnatal care through 6 weeks with 2-3 visits in your home.
* Referral and consultations with other health care professionals, as indicated.
* One birth assistant, this is a medical professional, not a doula ($500 of the total will be paid to the assistant).
* Birth certificate filing and application for social security number.

Additional Fees:

The following fees which patients may incur are not included in the professional midwifery fee and must be paid at the time of service. Some of these services will be billed by other healthcare providers and may be covered by health insurance.

* Lab services for blood work, cultures, genetic screening, and newborn blood typing.
* Consultations or visits with other healthcare providers, as necessary or indicated.
* Prenatal ultrasounds or other diagnostic imaging, as necessary or indicated.
* RhIG injection (Rhogam) for Rh negative people during pregnancy and/or postpartum: $150/dose.
* Birth tub rental: $50
* Birth kit and supplies for homebirth: approx. $50
* Newborn screening test: $171

\_\_\_\_\_Please initial here to confirm that you have read and understand the above sections.

**Recommended payment schedule:**

A $500 non-refundable deposit is required to register as a patient. This secures your position as a patient for the month of your estimated due date. Please bring this payment to your initial appointment.

$500 (non-refundable) Initial prenatal

$1000 16 weeks

$1000 20 weeks

$1000 24 weeks

$1000 28 weeks

$1000 32 weeks

Remaining balance if needed 36 weeks

**Transfers and Transports**

In the event that a transport to the hospital occurs during labor or in the immediate postpartum, our full professional midwifery fee of $5,500 is due and no part of our fee will be refunded. This fee compensates your midwife and assistant for prenatal care, management of labor, physician consultations, supplies, assistant midwife fee, and on call time for the birth team. \_\_\_\_\_\_\_\_\_ (initial)

In the event that a transfer of care is indicated prior to labor commencing and you are paid in full, a $500 refund will be issued for the birth assist fee. \_\_\_\_\_\_ (initial)

In the event of a transfer of care for medical reasons prior to 34 weeks of pregnancy, you will be billed for all care received prior to the date of transfer. If you decide to hire Branch of Life Midwifery to provide parallel care with another provider the full professional midwifery fee of $5,000 (minus $500 assist fee) is charged. \_\_\_\_\_\_ (initial)

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

When there is a transfer for non-medical reasons, all payments made prior to the date of the transfer will be retained by Branch of Life Midwifery, LLC for services, and any payments not received according to the payment schedule above will be due. After 36 weeks of pregnancy no refund is issued and the full professional Midwifery Fee of $5,000 (minus $500 assist fee) is due\_\_\_\_\_\_\_(initial)

Patients who are transferring to Branch of Life Midwifery, LLC late in pregnancy for any reason will still be responsible for paying the full Professional Midwifery Fee of $5,500. Alternate payment plan arrangements may be discussed and must be agreed upon in writing. \_\_\_\_\_(initial).

Each birth has its own timing, if Branch of Life Midwifery, LLC arrives at your birth minutes after the baby is born and continues care, the Professional Midwifery Fee of $5,500 is still due. \_\_\_\_\_\_ (initial).

In the unlikely event that Branch of Life Midwifery, LLC is unable to attend your birth, you will be refunded $1000 from the total $5,500 or the balance of $4,500 will be due \_\_\_\_\_\_ (initial).

No healthcare provider or institution can promise a perfect outcome during prenatal, birth, and postpartum care. In the unlikely event that there is an unexpected outcome, patients are still financially responsible for contracted care. \_\_\_\_\_\_(initial).

**Termination of Care**

If full payment is not received by 36 weeks of pregnancy, the midwife has the right to terminate midwifery services unless other payment arrangements have been agreed upon in writing by all parties. \_\_\_\_\_\_ (initial)

**Patient Agreement and Disclaimer:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above financial agreement and understand our financial responsibilities to Branch of Life Midwifery, LLC. I understand that failure to fulfill these financial obligations as agreed upon could result in the termination of midwifery services by Branch of Life Midwifery, LLC. Failure to fulfill these obligations could also result in being reported to a collections agency and may reflect negatively on your credit report. Any dispute to this contract will be settled in arbitration and the fee for that service will be paid by the patient.

Patients name print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patients signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Midwife’s name print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Midwife’s signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_