

**FINANCIAL AGREEMENT**

The philosophy on which this practice is based is that home birth should be accessible to all women, within parameters of safety. For this reason we have tried to make our fees reasonable. Our \$8000 fee covers all prenatal visits including at least one home visit, care during labor & birth, and postpartum visits, billed under procedure code 59400. Your insurance company may be billed for additional equipment and services such as newborn care and assistant or second midwife. Postpartum care includes attendance for several hours after birth, until mother and baby are deemed stable, up to three home visits within the first week, a two week office visit and a four or six week office visit. Additional consultations and unlimited phone consults are also included. We also provide you with a completed birth certificate registration form to submit to your town hall. In the event of a transfer for medical care during labor, a midwife or assistant will accompany you to the hospital and stay with you throughout the remainder of your labor/birth, easing the transition and offering continuity of care. We will then continue being your providers postpartum. Our fee does not include laboratory tests, sonograms, genetic screening, any post due date testing or hospitalizations. Your insurance will be billed directly by those facilities rendering this care. In the event of a medical transfer prior to 36 weeks, a reimbursement of payment for care not rendered may be provided at our discretion.

After your birth, we will furnish our billing service with information to submit to your insurance provider for reimbursement, which usually takes between 8 and 20 weeks. This is submitted after the birth in order to use the all-inclusive, global maternity care fee, 59400. Due to the complexity of the medical insurance system and the standard use of global billing for maternity care, we ask that you make your initial deposit at the beginning of care and pay the remainder throughout care to be paid in full by 36 weeks. For those who absolutely have no resources from which to pay us the entire fee in advance, we will accept an agreed upon deposit, bill your insurance provider and ask that you pay the balance remaining due the earlier of **within 30 days** of your six week postpartum visit or 10 weeks following the birth. If you have received care from another provider during your current pregnancy, we will bill your insurance company differently to ensure that our services are covered as well as your policy allows.

Please feel free to ask us any questions. Our intent is to work out the financial arrangements early on in our relationship so we can get on with focusing on your satisfying and empowering pregnancy and birth experience.

PLAN

Deposit with Contract \_\_\_\_\_

Monthly Payment Plan \_\_\_\_\_

Other

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the financial agreement above and agree to the payment plan designated.

Client \_\_\_\_\_ Partner \_\_\_\_\_ Date \_\_\_\_\_

Midwife \_\_\_\_\_ Date \_\_\_\_\_

## **Insurance Complexities and Your Financial Responsibility**

Most insurance companies will only pay for maternity services when a global code for care is used. The code includes prenatal visits, your care during labor/birth and postpartum visits, regardless of how much time is spent with you or how many visits you receive. The date of service used for these claims is your baby's birth date. A claim for care is submitted to your insurance plan within a week of your birth. Depending on the type of plan you have, we may bill separately for newborn care. You will not be charged for newborn care not covered by your insurance company.

River & Mountain Midwives is out of network with all insurance plans. In many cases, remaining out of network enables us to negotiate better coverage for maternity care. We make every effort to discover what your out of pocket financial responsibility will be early in care so a mutually acceptable financial agreement can be made. Because insurance payment may not be completed for several months after your birth, we ask that you pay us in advance. Payment plans are available.

The insurance industry is constantly changing. You may receive a prior authorization at a reasonable rate for your area, move to another town and find the same company will not pay at all. The "usual and customary rate" the plan pays may change every six months, leaving you with an unexpected \$1000 bill. Obviously we have no control over these types of circumstances. We do, however, make every possible effort to keep your out of pocket costs at a minimum.

### **Please make sure you fully understand the following at the start of care:**

1. It is your responsibility to add your baby to your insurance policy within 30 days of his/her birth. We recommend doing so as soon as you have a name, sex and date of birth to provide.
2. Weeks or months after your birth, your insurance company may send payment in full or may begin to make partial payments. Our billing company will track and follow up with your plan so you do not have to. This is part of the service we offer.
3. If you have out of network benefits (a PPO plan), your deductible and coinsurance will be deducted from the allowed amount, not the billed amount.
4. Checks and paperwork explaining payments may be sent to us, or directly to you.
5. If you have paid our full fee in advance, any insurance money sent to you up to the amount you paid is yours to keep up to your contracted amount. Please inform us when you receive payment.
6. If we have billed for additional services, any insurance payments exceeding your contracted amount, which are sent to you, must be given to us.

7. Our billing company keeps track of all payments made so the billers will know how much to charge us for their services. We will be billed for a percentage of all payments.

8. If you receive funds from your plan in EXCESS of your full deposit or contracted fee, endorse and sign checks over, payable to River & Mountain Midwives, and send these funds WITH their Explanations of Benefits without delay.

Sign indicating that you have had the opportunity to ask questions about and understand the details of your financial agreement and insurance reimbursement.

Signature \_\_\_\_\_ Date \_\_\_\_\_