



BIRTH & BIODYNAMIC MIDWIFERY

# Birth & Biodynamic Midwifery LLC Financial Agreement & Contract

Parent(s) Name \_\_\_\_\_ Date: \_\_\_\_\_

I agree to the following financial arrangements:

Birth & Biodynamic Midwifery LLC invests thorough time and consideration into all our client care. We are a specialty service, and considered “out of network” with most insurance companies, thus we can’t afford to rely on insurance reimbursements during client care. If we are able to bill your private insurance company, this can only be done after 6 weeks postpartum and even then Birth & Biodynamic Midwifery LLC cannot guarantee that the insurance company will cover any of the expenses of our client care. Because of this, our clients must pay cash or check upfront to cover the costs of their care. At the end of care, for those who have Verified Benefit through the Health Insurance Company which is established at the beginning of care, we will submit a claim to your private insurance company through SLB-Billing to see about getting your insurance company to reimburse you for midwifery care. SLB Billing charges set up fees and 8% of what is reimbursed, which the client is expected to pay. Birth & Biodynamic Midwifery LLC is able to accept major credit cards and Health Savings Account (HSA) cards with an additional 2.75% fee added. Additionally, Birth & Biodynamic Midwifery LLC offers a unique and affordable sliding scale fee schedule to help make our countries best maternity care more accessible to all families. Below covers the details of our care packet, and our reimbursement policy.

.....Midwifery Fee Charges \$4200  
..... Non-refundable booking fee \$500

**Birth & Biodynamic Midwifery LLC, Complete Maternity Care Includes:**

- Comprehensive Maternity Care
- Exceptional Evidence-Based Care and Personal Attention by a Licensed Midwife Who Specializes in Out-of-Hospital Birth
- 24/7 Access to Your Provider
- As many Prenatal Visits as Needed, Including Urgent Visits
- Standard Schedule of Prenatal Lab Work and Diagnostic Testing very Similar to the Routine Care Provided in the Obstetrical Setting
- Prenatal Bodywork
- In-House Ultrasound as Needed to Gather Basic Information like Early Pregnancy Confirmation or Baby’s Position
- 37 week Home Visit
- Tub and Supplies for a Water-birth
- Continuous Labor Support at Home When Labor is Established
- Immediate Postpartum and Newborn Exam
- Complete Newborn, Postpartum and Lactation Care through 6 weeks
- Hearing Screening for the Baby
- Critical Congenital Heart Disease (CCHD) Screening for the Baby
- Newborn Metabolic Screening
- As Many Postpartum and Newborn Visits as Needed, Included Urgent Care
- Postpartum and Well Baby Visits in Your Home for the First 2 weeks Postpartum
- Filing of Birth Certificate and Social Security Card
- Cost: \$4200, plus a non-refundable \$500 booking fee

**Payment Schedule:**

All fees must be paid in full by 36 weeks pregnancy. If the client's private health insurance coverage extends to include midwifery care (in whole or in part) with Birth & Biodynamic Midwifery LLC, Birth & Biodynamic Midwifery LLC will submit all necessary paperwork to SLB Billing so that they can properly submit a claim. You if the private health insurance company pays you will be reimburse directly and then are responsible for paying SLB Billing's service fees. Claims are submitted 6 weeks after the birth of the baby and it may be 6 or more months to receive any reimbursement. Some clients it has taken up to a year before receiving a check from their private health insurance company.

An initial non-refundable booking fee of \$500 is due as soon as care is booked, your due date is not secure in Birth & Biodynamic Midwifery's calendar until the fee is paid. The booking fee is non-refundable in the case of pregnancy loss or transfer of care. The booking fee is NOT included in the \$4,200 midwifery care/home birth fee.

**Payment Plan:**

1. Amount due by 16 weeks - \$840
2. Amount due by 22 weeks - \$840
3. Amount due by 28 weeks - \$840
4. Amount due by 32 weeks - \$840
5. Final payment due by 36 weeks - \$840

**Travel Fee:** An extra travel fee for attending births and initial postpartum exam including newborn screening within 24-48 hours after birth outside of the midwives radius but also in the state of Virginia is an additional \$1300.

**Understanding Insurance Billing at Birth & Biodynamic Midwifery LLC**

Due to our provider type, Birth & Biodynamic Midwifery LLC is not a preferred or in-network provider on any insurance plan. We are always considered "Out of Network". Please take the time to research your insurance coverage so that you can be clear on how much, and under what conditions, your insurance will cover Birth & Biodynamic Midwifery Services.

Birth & Biodynamic Midwifery asks all with private health insurance families to pay the full fee up front, and will gladly submit claims for midwifery care through our billing service. Clients are responsible for the billing service fees. Any claims can be reimbursed to you through the your health insurance company. Obstetric billing occurs after the completion of care, 6 weeks postpartum when A superbly will be given to you . You can also choose to submit your insurance claims directly with your insurance company. Please discuss payment concerns with Birth & Biodynamic Midwifery to fully understand your financial obligations and options.

**Private Health Insurance Billing**

Private Insurance billing is provided by SLB Billing. It is very important that you Initiate a Verification of Benefits with your Insurance Company as soon as you begin care with Birth & Biodynamic Midwifery LLC. SLB Billing will initiate verification of benefits for you, as well as, handle all the insurance billing and negotiating with your insurance company. SLB Billing specializes in billing for midwifery care in the out-of-hospital setting. They charge a minimal fee and work for you (not the midwife) to get insurance reimbursement that include a one time charge of \$25 for submitting Initiation for Verification of Benefits and a second one time charge of \$75 for submitting your full claim for your entire Maternity Care care, plus 8% of what you are reimbursed from the insurance company. To determine and estimate your insurance coverage for maternity care, you will need to fill out the Client Information Form and initiate Verification of Benefits on the SLB Billing website: [www.slb-billing.com](http://www.slb-billing.com)

**Health-shares**

If you are apart of a community based or christian Health-share (such as Liberty, Medi-share, Samaritan ministries then you are eligible to 100% reimbursement. Meaning they will either pay you back either all of your maternity care with a home birth midwife or credit the midwifery fee towards your yearly deductible. They are some of the easiest company's to work with around insurance reimbursement. Overall, Healthcare companies will gladly pay for out-of-hospital maternity care. Birth & Biodynamic Midwifery LLC will work with you and your health-share to get the midwifery fees covered and/or to gain reimbursement.

### **Medicaid**

If you have Virginia Medicaid all billing will be done by Birth & Biodynamic Midwifery LLC and you are only responsible to pay the \$500 booking fee (which pays the birth assistant fee), the birth kit needed at 36 weeks of disposable items for your home birth \$60-\$150 and the state mandated blood spot metabolic screening card \$135 for the newborn. Otherwise, Medicaid will pay prenatal, birth and postpartum care. We will need to Initiate Verification of Benefits with Virginia Medicaid as soon as you decide on Maternity Care with Birth & Biodynamic Midwifery LLC and request a special exemption from The Department of Social Services in the 3rd trimester. Birth & Biodynamic Midwifery LLC can help your navigate your exemption request and further explain the steps required for Medicaid to cover the expenses of your home birth.

### **Clients will pay for and supply the following as indicated:**

Additional costs NOT included in your midwife fee agreement may include but are not limited to the following:

Some of the expenses which would not be included in the total midwifery fee of \$4,200 plus \$500 booking fee are as follows. Clients will pay for and supply the following as indicated:

- Midwifery Birth Kit ~ \$150 + Shipping and Handling
- Ultrasounds, laboratory, and diagnostic tests upon recommendation by your midwife is necessary in providing good prenatal care to the mother and baby, to aid in the detection and management of possible birth complications ~ Prices vary (usually billable to your insurance)
- RhoGAM if indicated for Rh-mothers: RhoGAM Treatment cost about \$180 per injection: Only needed in the case of an Rh-negative mother and an Rh positive infant
- State mandated Newborn Screening Tests ~ \$138 (insurance will not pay for this)
- Vitamin K - \$9/ Oral - \$25
- Prescriptions & Non-Prescription Medications, Herbal & Nutritional Supplements, needed for the mother and/or infant related to the present pregnancy and postpartum care.
  - Pitocin \$7 single dose (up to 8 does could be given = \$56)
  - Ampicillin \$16 initial dose \$8 every 4 hours
  - Cefazolin \$3 per dose every 8 hours
  - IV fluids \$20 per bag
- Emergency expenses that may include transportation, emergency room, physician expenses, surgery, medications; or any standard hospital, clinical, physician, nursing, or doula expenses related to the present pregnancy & postpartum care.
- Pap Smears or other Well-Woman Care
- Returned Check Fee \$25
- \$50 mileage fee for clients living beyond 50 miles of Charlottesville, Va.

Lab work, ultrasounds, and diagnostic tests, and Newborn Screening can either be payable through insurance or cash. Prices may vary depending on personal insurance plans and

“discounted” cash pay fees. It is the client’s responsibility to find out what their copay will be and they are responsible for these costs.

**Birth & Biodynamic Midwifery LLC does NOT provide the following services**

- Circumcision
- Suturing of a 3rd or 4th degree lacerations
- Hospital, birth center, or cesarean births
- We do not prescribe or give analgesic drugs or narcotics before, during or after the birth
- Deliveries using forceps or vacuum

**Consider the following services that complement midwifery care but are NOT included in your midwife fee:**

- Chiropractic Care
- Acupuncture
- Pregnancy Massage
- Childbirth Education Classes
- Doula Care (both labor and postpartum)
- Placenta Encapsulation
- Birth Photography

**Transfer of Care/Refunds**

Once client signs this contract and remits the deposit of \$500, prenatal care is begun with Birth & Biodynamic Midwifery LLC and a spot is secured on the roster for the upcoming birth. If a client is referred to another care provider, or discontinues their relationship with Birth & Biodynamic Midwifery LLC at any point, for any reason, NO REFUND WILL BE GIVEN OF PAYMENTS MADE UP TO THAT POINT. Reasons for discontinuation that WOULD NOT result in a refund include, but are not limited to: moving, change of mind, miscarriage, changing practices or missing scheduled visits for any reason. When client goes into labor and the midwife and/or any birthing attendants arrive to attend the labor, regardless of outcome and final place of birth, NO REFUND WILL BE GIVEN. The timing of birth is unpredictable, and while your midwife is on call for your birth after 37 weeks, if it is a precipitous birth or if the birth team receives delayed notification and miss the birth; or other conditions beyond the midwife’s control (traffic, inclement weather, road closures, etc.) NO REFUND WILL BE GIVEN. If the birth process is transferred to a medical facility during labor, Birth & Biodynamic Midwifery LLC will continue to provide labor support and follow up postpartum care as long as it is within our scope of practice. Because Birth & Biodynamic Midwifery LLC only accepts a limited amount of due dates per month, securing your due date on their calendar prohibits them from accepting other clients into care and therefore no refund will be given outside of the normal payment schedule.

\*\*The only scenario in which it may be possible for a refund to be given is if a client pays ahead of schedule. For instance, if a client pays the entire fee upon returning the signed contract and care is discontinued at some point prior to the outlined payment schedule. The amount of the refund will depend on the Payment Option chosen by the client, how many visits were made, what tests were conducted, what services were rendered by Birth & Biodynamic Midwifery LLC and the exact amount of money paid by the client. If a client pays the entire Fee ahead of schedule and care is discontinued after 36 weeks, NO REFUND WILL BE GIVEN. Not only will Prenatal Care have been given, the birth team is on call for the client and spaces in our calendars have been set-aside for the birth and postpartum visits; precluding the birth team from engaging other clients.

Birth & Biodynamic Midwifery LLC reserves the rights to decline further care in the event of non-payment within agreed upon terms, the midwife’s assessment of client medical or psychological condition(s), or because of noncompliant/uncooperative actions on the part of one parent or both. Please discuss any concerns regarding this issue with Birth & Biodynamic Midwifery LLC.

**Bodywork Discounts & Agreement**

Some Craniosacral and Massage will be offered to you as a part of your prenatal care and will take place during your regular prenatal appointments, as it is needed. If you want to address a specific goal through bodywork it is suggested you book separate sessions outside of your prenatal and postpartum visits with other care providers a part of your self care plan. While it is always the midwives wish and desire to provide bodywork. Her availability to provide is limited.

**Agreement and Disclaimer:**

I have read and understand the above information concerning financial arrangements with Birth & Biodynamic Midwifery LLC. I agree to fulfill my financial obligations as outlined above. Failure to pay fees in a timely manner may result in termination of care with Birth & Biodynamic Midwifery.

Client Name (Please print) \_\_\_\_\_

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

Partner (Please print) \_\_\_\_\_

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