

## Financial Agreement

### 1. Parties

This agreement is made between \_\_\_\_\_ (client/s) and Lake Superior Midwifery.

### 2. Maternity care services include:

- Regular prenatal visits and lab tests, including a home visit at approximately 36 weeks of pregnancy
- Labor, birth, and 6 weeks of postpartum care for mom and baby
- Midwife's assistant at the birth
- Postpartum visits at home on the 1<sup>st</sup>, and 3<sup>rd</sup> day, and one week (or more frequently as needed), 2 week and 6 week postpartum office visits

The following are charged separately:

- Lab tests (can be billed to insurance)
- Any referred services (e.g. ultrasound, doctor visits)
- Birth tub rental (\$260)
- Birth supplies kit (\$30)
- Mileage for more than 30 miles from midwife

### 3. Fees:

The deposit for midwifery services during pregnancy, birth and postpartum is **\$4,400**. At the first prenatal visit, a \$500 initial payment will be collected and then the balance must be paid in regular installments so it is paid in full by 36 weeks. All payments must be received by 36 weeks of pregnancy. If the deposit has not been paid in full by the 36<sup>th</sup> week, the midwife cannot attend your birth, unless other arrangements have been made in writing.

We charge a flat fee for insurance billing services. This fee shall be either \$150 or, for coverage that includes mom and baby postpartum care, \$250.

The midwife plans her client load with your due date in mind (and may have turned down other clients), so should you transfer care after 36 weeks, any refund of the deposit will be at the midwife's discretion. If there is a transfer in labor, there is no refund. If a situation develops in pregnancy that requires a transfer to another provider, the refund is at the discretion of the midwife based on the care received to date.

### 4. Private Insurance

Nurse-Midwifery services are covered by most insurance plans, though the amount of coverage varies from plan to plan. *Your coverage may be limited* by deductibles, reasonable and customary restrictions, co-payments and denials. If upon verification of benefits, your insurance company is likely to pay, we will collect a deposit (\$500 at the first visit/\$4,400 total) before the birth. Larsen Billing Service will bill your insurance company for the maternity care services using all applicable codes that represent the care we provide to you at usual and customary rates for those codes. The amount of the deposit has no bearing on the fees that we bill to the insurance company. The deposit will be applied to the deductible and co-insurance amounts applied by your insurance company to our claims. If the insurance company pays us directly, you *maybe* eligible for a partial refund of the deposit. If the insurance company determines your patient responsibility (deductibles, co-insurances) amount exceeds what we have collected from you, we will bill you for the deficit.

If your insurance company pays the claim to you directly, which is not uncommon, you agree to cooperate with our billing service. *For any insurance checks you receive, an explanation of benefits reflecting that exact amount must be sent to the midwife ASAP.* The billing service will determine how much of the claim payment is your refund and how much, if any, should be the midwife's. It is not legal for you to profit on your health care; therefore, any amount reimbursed by insurance that exceeds the deposit must be forwarded to us, along with applicable amounts to cover your deductible and co-insurance.

By entering into this contract, you authorize the billing service to release health care information to your insurance company for the purpose of processing claims and agree to communicate and cooperate with Larsen Billing's representatives as needed for claim processing.

**All of the following needs to be sent to the midwife to facilitate proper billing and refund calculations:**

- All explanation of benefits letters (EOB's)
- Letters from insurance company discussing the status of claims or billing

#### **4. Disclaimer**

We relieve Lake Superior Midwifery of any financial responsibility arising from outside medical care. We understand that if our bill is not paid according to the terms of this agreement, our midwife cannot attend our birth unless other arrangements are made in writing. We also agree to assume primary responsibility for the outcome of this pregnancy and birth and to the extent permitted by law, will not hold the midwife or her assistant responsible for outcomes that are a result of complications beyond their control.

This is to verify that we have read and understand the above financial agreement and agree to fulfill our obligations to Lake Superior Midwifery, Katie Sandell, CNM & Rachel Voigt, CPM.

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

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

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

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