

Home Birth Midwifery Service®

Financial Agreement

Section 1: Parties

This agreement is made between _____, hereafter referred to as the Client(s), and **Kim Mosny, CPM, LM, D.B.A. Home Birth Midwifery Service (HBMS)**, hereafter referred to as the Practice.

Section 2: Fees

The Practice's professional "Package" fee is **\$3500.00**, which **includes**:

- **\$500 NON-refundable retainer fee** (due at first prenatal visit);
- Care of a VA Licensed Midwife (CPM), her assistants/students & assistance of a Doula;
- Comprehensive, unlimited prenatal visits, including at least one home visit (@ 35-36 wks of pregnancy);
- Individualized, personalized childbirth education & instruction ("Special Delivery" workbook included);
- Continuous labor, birth, and immediate postpartum care for mother & baby;
- Filing of state official birth certificate, required by law (absolutely NO exceptions);
- **HBMS** Home Birth Certificate with Baby Footprints (if desired);
- Postpartum visits for mother & baby: 24-36 hours*, 2 days*, 5 days* (as needed), 2 weeks, 4 wks (optional), & 6 wks.
(* These early visits are conducted in the client's home.)

The Practice's professional fee **does NOT include**:

- Insurance administrative fee & hourly office rate (\$15 VOB, 8% of the total insurance reimbursement & \$50/hr);
 - **PayPal** handling fees (3% added to each payment);
 - Mileage surcharges (traveling outside of Chesterfield County = **\$1/mile roundtrip**);
 - Birth Kit: must be ordered by client by 34 weeks (Practice will charge **\$45** to supply this kit);
 - Non-routine & extra supplies used at the birth;
 - Water birth pool & related supplies;
 - Lab work fees for mom and/or baby (Newborn Metabolic Screening, required by state law, is not performed by HBMS.);
 - Referred services such as ultrasounds, diagnostic tests, etc;
 - Non-stress testing & postdates in-home monitoring;
 - Physician, hospital, laboratory, and anesthesia charges;
 - EMS charges for emergency services in the home and/or transport to hospital;
 - Independent Childbirth Education class fees;
 - Independent Birth and/or Postpartum Doula fees... etc...
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Section 3: Transfer of Care >35 wks and/or Hospital Transport ~ Continuity of Care Agreement

The package fee remains the same should this practice decide to transfer you to physician care or transport you to a hospital any time after the 35th week of pregnancy. If this occurs, your midwife will remain with you through whatever situation develops and continue to offer support and will continue to care for you through your 6-week postpartum period. This clinical, emotional, and physical support and advocacy at the hospital can be very valuable, and having an experienced person there who you can trust makes the experience much more congenial. **Should you choose to terminate this Continuity of Care Agreement with this practice, there is no refund of the professional fee.**

Section 4: Client-Initiated / Risked-Out Transfer of Care 28 to 35 wks; Fees for Service <28 wks

Should you decide to discontinue care (client-initiated), or should we determine it necessary to transfer care (risked-out) **between 32 - 35 weeks**, as calculated by us, the fee will be **\$2000.00** and **will not** include any birth or postpartum doula care, unless such arrangements are made and the appropriate fees are paid as service is rendered.

As this practice plans its schedules with your due date in mind (possibly turning down other clients), should you decide to terminate your care with us, or should it become necessary **before 31 weeks**, the fee will be **\$1800.00**.

If you/we terminate care before 28 weeks, charges will be as follows:

\$250.00 for initial visit	\$200.00 each home visit
\$200.00 each prenatal office visit	\$15.00 each hemoglobin or blood glucose finger stick

Section 5: Payment Plan Requirements ~ Payment in Full by 35 wks

Whether you are self-pay or have health insurance, you are required to develop a **Payment Plan** and pay our package fee (less any discounts) **in full** by 35 weeks of pregnancy. This ensures that the practice is paid for the services rendered to you in a timely fashion, as **insurance is notoriously SLOW to pay**.

Section 5: Payment Plan ~ con't

Insurance companies require us to bill accurately for all services and supplies. This means that there will be at least three (3) bills which will be sent to your insurance by **Larsen Billing Service**. Bills will be sent: 1) for your initial visit to establish your plan of maternity care; 2) for global maternity care charges for mother; and 3) for midwifery professional services for care of your baby, birth to 6 wks. Depending on your insurance, other circumstances may apply. Hospital transport filing is another matter altogether and filing requires specialized coding and handling. For these reasons, we out-source insurance to a professional billing service. **YOU pay** for these services separately from our fee (see Section 2).

Section 6: Early Pay & Financial Burden Discounts ~ Barter for Service Option

Self-Pay clients can qualify for early pay options below.

Self-Pay clients receive an **Early Pay Discount**, reducing the package fee by as much **\$300.00**, if they pay in full early:

- Pay-in-Full by the end of the **32nd week** of pregnancy, you get **\$100 OFF**;
- Pay-in-Full by the end of the **30th week** of pregnancy, you get **\$200 OFF**;
- Pay-in-Full by the end of the **28th week** of pregnancy, you get **\$300 OFF**;

If you are experiencing **financial hardship**, please let us know. Discounts and payment plan extensions for financial hardship are available: Discounts of as much as **\$200 OFF** & extensions to 6 wks postpartum. Do not be ashamed to ask! Financial Hardship discounts are based on debt to income. You will need to fully explain your financial circumstances.

Barter for Service (Service-for-Service or Product-for-Service) is always a welcome option for those clients with services or products to offer in exchange for **HBMS** Services. Please be sure to ask about this option.

Section 7: Private Insurance ~ Package Fee ~ Reimbursement Agreement

Billing your insurance is a “for-fee service” offered to you in order that **YOU** get reimbursed per your schedule of benefits. **Larsen Billing Service (LBS)** will prepare claims to and communicate with your insurance company or health carrier (administrative/handling fee is **8%** of total reimbursement). By entering into this contract and signing where indicated,

“you, the client, authorize Larsen Billing Service, LLC to release health information to your insurance company or health care carrier for the purpose of processing your claims.”

LBS may bill your insurance company or health carrier for the following services related to you and your baby’s care, including, but not limited to:

Initial visit, in-office lab work (finger stick/venipuncture fees, hemoglobin, blood glucose, dipstick urinalysis, Eldon Card blood typing, etc.) **OB global code care** (prenatal visits, intrapartum [labor], delivery, postpartum care), **extra prenatal visits unrelated to routine prenatal care, childbirth education & related supplies, labor/birth attendance, second midwife or assistant @ the birth, hydrotherapy & use of birth pool, non-routine supplies, newborn exam, extra home postpartum visits, breastfeeding consultations** (home and/or office), **transport & in-hospital labor support fees** (as indicated), etc...

When **LBS** bills your insurance, they must “**itemize**” each and every specific service we provide, to both mother and newborn, in accordance with insurance coding structure and the associated fee for each service. This frequently means that the total amount billed to insurance is more than our “package” fee. **We have the right to accept reimbursement from insurance that exceeds the package fee you paid to us.** If your insurance company reimburses **you directly** and the amount exceeds your paid fee, you are **obligated** and **agree** to pay us the difference. You may not keep more than what you have paid. Our service is entitled to the overage; you may not profit from insurance reimbursement, this is considered insurance fraud. If the insurance company pays us directly, **HBMS** will send you a check for your appropriate reimbursement.

You may choose to “opt-out” of using **Larsen Billing Service**, and file directly with your insurance using your plan’s claim forms. **Please note:** if you require **HBMS** to complete any forms/communicationsw for you the fee is \$50/hour.

Section 8: Delinquent Accounts ~ Unpaid Balance

Any unpaid balance remaining 30 days after your birth (unless a previous written agreement is in place) or after insurance reimbursement was sent is considered delinquent and is subject to a **1.5%** monthly interest charge. You will have up to three months to pay the total deficit due before collection procedures commence. Balances >90 days delinquent will be sent to collections, with all associated fees added to the balance. Please do not take advantage of our forbearance and kindness, your disregard for a **Past Due Balance** is grounds for **Small Claims Court** action.

Section 9: Refunds

If you decide to leave the care of the **Home Birth Midwifery Service** prior to 35 weeks and have prepaid your account, a refund, less the non-refundable retainer and all amounts owed for care provided (see **Sections 2, 3 & 4**), will be issued within 30 days. **There is NO REFUND of fees paid to HBMS after 35 weeks of pregnancy regardless the reason for client discontinuation or transfer of care or birth outcome.**

Section 10: Disclaimer

We, the Clients, relieve the Practice of any financial responsibility arising from outside medical care.

We understand that if our bill has not been paid according to the terms of this agreement, our midwife cannot attend our birth, unless other arrangements are made in writing and attached herewith.

Section 11: Entirety of Agreement

Unless modified in writing, this document contains the entire agreement between the parties, and no other promises or representations have been made. **Verbal discussions must be finalized in writing.** If any portion of this agreement is rendered or held unenforceable or unlawful by operation of law, such provision is severable and the remainder of the agreement shall continue in effect.

Section 12: Patient Responsibility ~ Payment Agreement

This is to verify that I/we have received, read and understand the above Financial Agreement, dated _____.

I/We agree to fulfill our obligations to **Kim Mosny, CPM, LM, D.B.A. Home Birth Midwifery Service**, as stated in this **Financial Agreement** document.

We are **Self-Pay** and agree to pay the package fee of **\$3500**, due by the end of the 35th wk (see payment plan below).

We understand that we can qualify for **Early Pay Discounts**:

- \$100 OFF**, if Paid-in-Full by the end of the **32nd week** of pregnancy, that date: _____
- \$200 OFF**, if Paid-in-Full by the end of the **30th week** of pregnancy, that date: _____
- \$300 OFF**, if Paid-in-Full by the end of the **28th week** of pregnancy, that date: _____

I/We seek **Financial Hardship** consideration & as much as a **\$200 OFF discount**. (\$_____ approved) _____
MW Initials

I/We would like to arrange to **Barter for Service**. A separate addendum is attached to outline this agreement.

We are **Insured** and agree to pay the package fee of **\$3500**, due by the end of the 35th wk (see payment plan below).

I/We would like **HBMS** to have **Larsen Billing Service, LLC** to file our insurance. We understand that **HBMS** charges an **8% of total reimbursement administrative/handling fee** for this out-sourcing. We agree to pay this amount after receiving such billing from **HBMS**.

Unless otherwise noted, the full amount of \$ _____ is due by the end of the 35th week, that date: _____

I/We agree to pay the agreed upon amount of \$ _____, in the following installments:

Payment 1: \$ <u>*500.00</u> to be paid by <u>@ 1st prenatal</u> Payment 2: \$ _____ to be paid by _____ Payment 3: \$ _____ to be paid by _____ Payment 4: \$ _____ to be paid by _____	Payment 5: \$ _____ to be paid by _____ Payment 6: \$ _____ to be paid by _____ Payment 7: \$ _____ to be paid by _____ Payment 8: \$ _____ to be paid by _____
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* The \$500.00 Retainer Fee is NON-refundable.

Please bill these installments using **PayPal**. The e-mail to use is _____

I/We understand that the **3% PayPal handling fee** will be added to each payment made via **PayPal**.

Signatures:

This agreement is made between _____, the Clients, & **Kim Mosny, CPM, LM, D.B.A. Home Birth Midwifery Service**, the Practice.

Client Signature _____ Date _____

Spouse or Partner Signature _____ Date _____

Midwife Signature _____ Date _____