



Around the Circle Midwifery, LLC

FINANCIAL AGREEMENT

MATERNITY CARE FEES: We charge \$4500.00 for our global maternity fee, which includes routine prenatal care, labor and birth attendance, and standard postpartum care. Additional charges may be assessed for more involved care. Laboratory and diagnostic tests, physician visits, newborn care, and birth center or hospital stays are not included in the fee. We do offer a sliding fee scale and payment options for those in need.

_____initials

DSHS SUPPORTED PROGRAMS: We accept most plans associated with DSHS/Medicaid. Please check with our office manager about the plans with which we are currently contracted. These plans will cover most midwifery services. Please see note below regarding services and items not billed to insurance plans.

_____initials

PRIVATE INSURANCE: Most insurance companies cover midwifery services and we are contracted with most major companies. Please check with your insurance provider to ensure that your plan covers Licensed Midwives and Certified Nurse Midwives in the out of the hospital setting. You will be responsible for payment of any deductible, co-pay, and for any services not covered by your insurance. Standard billing practices in obstetric medical services have consumers of care pay any estimated co-insurance costs prior to the 37th week of pregnancy. Our biller will create a worksheet of estimated costs; you will receive this information typically by your 3rd appointment. Occasionally, insurance companies do not cover costs as previously verified. We expect full payment of any portion of the fee your insurance company deems your responsibility, within 30 days of notification from our office. Because of slow processing of insurance claims, your final bill may come months after your care is completed.

_____initials

SELF-PAY: For self-pay clients, there is a 20% discount if payment is received by your 37th week of pregnancy. This represents a \$900 discount. If not prepaying, we do require self-pay clients to pay a minimum of \$1500 by the 37th week of pregnancy. In the event of any transfer of care, all charges will be re-assessed and fees will be appropriately discounted or refunded in a timely manner.

_____initials

TRANSFER OF CARE: If you need to be transferred to a hospital during your delivery, charges will be applied for usage of The Birth House (if applicable) and for the amount of time your midwife spent with you in labor, as well as charges for any supplies, medications, and other services (such as IV therapy) that are rendered by your midwife. In addition, you will be billed directly by the hospital for all services associated with your stay there.

_____initials

DOULA FEES: If your care is transferred to the hospital while in labor, we will accompany you to the hospital to ease your transition to another provider's care, barring unforeseen circumstances. If you desire, we will stay with you for labor support, information, and advocacy until after the birth of your baby. However, we are not able to collect any reimbursement from your insurance company for that time spent with you after your transfer of care. Due to this inequity, we charge a doula fee on a sliding fee scale of \$500 to compensate us for the time spent supporting you at the hospital. *(continued on next page)*

2120 Pacific Avenue SE Olympia WA 98506
Tel. 360-459-7222 Fax 360-459-7223

If risk factors develop during your pregnancy, your care may be transferred to another provider. In select cases, we offer doula services for a planned hospital birth. We charge \$1000 for this service.

_____initials

ITEMS NOT BILLED TO INSURANCE:

HOME BIRTH SUPPLIES, ~\$100: You will be provided with a list of supplies to gather by one month prior to your due date, as well as an order form for a home birth kit to purchase from a local supplier.

_____initials

HOME BIRTH SERVICE FEE, \$250: This fee cover the costs of time away from the office, birth equipment, and payment for the services of a trained birth assistant This fee is due by your 37th week of pregnancy, and is fully refundable should you transfer out of our care prior to labor.

_____initials

Distance Fees: We charge \$1.00 per mile for home visits. This includes all home prenatal visits, home births, and home postpartum visits. If this is your first home birth with us, we are required to perform a home visit before we attend you in labor.

_____initials

Paperwork Processing: We charge \$15 for the completion of paperwork done at your request, such as Family Medical Leave Paperwork, unless you are a DSHS client at time of request. This fee is not billed to your insurance and is your responsibility. If you request a copy of your medical chart to be released to you from our office, you will be responsible for a clerical fee of \$23 or in accordance with current Washington Administration Code (WAC), plus any or all pertinent fees including: \$1.04 per page for the first 30 pages; \$0.79 for all others. For the purpose of electronic files, each separate file within the patient chart that is transferred to a CD or sent through encrypted services will be charged at the same per page rate and will also be subject to the clerical fee. If the provider edits confidential information from the record, as required by statute, the provider will also charge the usual fee for a basic office visit.

_____initials

PAYMENT AGREEMENT, ASSIGNMENT OF BENEFITS AND AUTHORIZATION TO RELEASE MEDICAL INFORMATION FOR BILLING PURPOSES

I have read and accept the financial agreement as written in this document. I understand that the fees listed are based upon basic fees only, and do not include the cost of lab work, diagnostic tests such as ultrasound or amniocentesis, medications, increased monitoring costs and physician’s fees or hospital costs, should any of these become necessary. I understand that there may be other unforeseen expenses, in addition to this contract, that may also be my responsibility. I understand that payment in full is due 30 days after receipt of the bill. I understand that Around the Circle Midwifery, LLC reserves the right, with delinquent accounts, to utilize outside collection agencies. I understand that should this occur, I will be responsible for any collection fees and legal fees.

I authorize my insurance company or DSHS to make payments directly to ***Around the Circle Midwifery, LLC***, and I authorize ***Around the Circle Midwifery, LLC*** to release my medical records if necessary for the purpose of third-party reimbursement.

Client’s signature

Date

*2120 Pacific Avenue SE Olympia WA 98506
Tel. 360-459-7222 Fax 360-459-7223*