

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 Professional “Package” fee is **\$3,500.00**, for Early Pay ~OR~ **\$4,000.00**, for Extended Pay. This **includes**:

- **\$500 NON-refundable retainer fee** (due at first prenatal visit);
 - Care of a VA Licensed Midwife (CPM) and her assistants/students (MW Assist’s fee included);
 - Comprehensive, unlimited prenatal visits, including at least one home visit (@ 35-36 wks of pregnancy);
 - Individualized, personalized pregnancy, 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 wks**, 4 wks** (optional), & 6 wks**.
- (* These early visits are conducted in the client’s home. ** These visits are conducted at the HBMS office)

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

- Insurance administrative fee & hourly office rate (\$15 VOB, \$100 **or** 8% of the total insurance reimbursement & \$50/hr);
- **PayPal** or **Square** handling fees (4% 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 (Practice offers pool kit rentals at a fee of: **\$100**);
- Lab work fees for mom and/or baby (**Newborn Genetic Screening, required by 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...

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 **\$2500.00** 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 **between 20-32 weeks**, the fee will be **\$2000.00**.

If you/we terminate care before 20 weeks, charges will be as follows:

- **\$250.00** for initial visit
- **\$225.00** 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

All clients are **required** to develop a **Payment Plan** and pay our package fee (less any discounts) **in full** by 35 weeks of pregnancy for Early Pay or by 40 weeks for Extended Pay. 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 Requirements ~ 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

Most clients qualify to receive **Early Pay Discounts**, reducing the package extended fee amount by **\$500.00**, if they pay-in-full early:

- **Pay-in-Full** by the end of the **35th week** of pregnancy, you get **\$500 OFF ~ Total: \$3,500.00**

Financial Hardship Discount: If you are experiencing **financial hardship**, please let us know. Discounts and payment plan extensions are available: Discounts of as much as **\$500 OFF** & extensions to 6 wks postpartum. Do not be ashamed to ask! Financial Hardship Discounts are based on debt-to-income and budgetary needs. 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.

You may only qualify for one type of discount.

Section 7: Private Insurance ~ Deposit ~ Reimbursement Agreement ~ Delinquent Accounts

Billing your insurance is a service provided to you in order that **YOU** get reimbursed per your schedule of benefits. Our billing service, **Larsen Billing**, will prepare claims to and communicate with your insurance company or health carrier on your behalf. An insurance administrative fee of **\$100 or 8%** of total reimbursement, **whichever is greater**, is collected after your insurance has paid its part. 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.”**

Our billing service, **Larsen Billing**, 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), childbirth education & related supplies, labor/birth assistance, 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, etc...

The deposit for midwifery services for clients with insurance is \$3500. The deposit provides cash flow to your midwife's practice throughout your care and is due in full by **35 weeks**. Keep in mind that if you choose to pay only the deposit, **the remaining \$500 is due and payable upon receipt of your insurance reimbursement.**

When **Larsen** 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 deposit you paid to us.** If your insurance company reimburses **you directly** and the amount exceeds your paid deposit, 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 consumer insurance fraud.

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/communications 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 (3) 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** 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. **A 30-Day Written Notice to Discontinue Care is expected**, except in emergency situations where notice is not possible.

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 agreements 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 this 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 **\$4,000**, due by the end of the 40th wk (see payment plan below).

~OR~

We are **Self-Pay** and understand that we can qualify for **Early Pay Discount of \$500 OFF**, if **Paid-in-Full** by the end of the **35th week** of pregnancy. Date: _____ (see payment plan below).

I/We seek **Financial Hardship** consideration & as much as a **\$500 OFF discount**. (\$_____ approved) _____ MW Initials

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

~OR~

We are **Insured** and agree to pay the discounted fee of **\$3500**, due by end of the 35th wk (see payment plan below). We further agree that the remaining \$500 is due and payable, along with any overage, upon insurance reimbursement.

I/We would like **HBMS** to have **Larsen Billing Service, LLC** to file our insurance. We understand that **HBMS** charges **\$100 or 8% of total reimbursement, whichever is greater, as an administrative fee** for this outsourcing. **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 40th week, that date: _____

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

Payment 1: \$ *500.00 to be paid by @ 1st prenatal
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 _____
Payment 9: \$ _____ to be paid by _____
Payment 10: \$ _____ to be paid by _____

* The \$500.00 Retainer Fee is **NON-refundable**.



Bill these installments using **PayPal**. E-mail invoice to: _____

I/We understand that the **4% PayPal handling fee** will be added to each payment made via **PayPal**.

Bill these installments using my credit card: _____ 
Name on card: _____ Exp: _____ / CVC: _____ Signature: _____

I/We understand that the **4% handling fee** will be added to each payment made via **Square**.

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 _____