



Agreement for Doula Services

The client understands the doula's role is to provide physical, emotional, and informational support to mothers and their partners during labor and birth. The doula offers support in the form of position suggestions, movement options, breathing and relaxation techniques and general helpful tasks, such as fanning and offering fluids to drink. The doula assists the family in gathering information about their options in labor and birth.

Mandala Midwifery Doula Care Includes:

- 2-3 prenatal visits at the client's home
- On-call availability until the labor & birth (2 weeks for singles or 4 weeks for multiples, before & after EDD)
- Doula support during labor & birth
- 2-3 postpartum visits
- Referrals to community resources

Scope and Role of the Doula:

- The doula will always respect and facilitate the mother's choices. The doula does not have an agenda and will not discourage the mother from her choices. This is your birth.
- The doula is not obliged under this contract to perform any medical procedures. In the event of an emergency, the safety of the mother or baby may require that the doula render medical assistance. Under such emergent circumstances, the doula will only render medical services at the request of the Client, or her Partner if the Client is unable to make a decision. The Client agrees on behalf of him or herself and his or her heirs or assigns to hold the doula harmless for any adverse effect of any medical assistance she provides and to seek no remedy from the doula in law or equity for any such adverse effects.
- The doula cannot make decisions for you, nor can she speak with medical staff on your behalf. The doula will assist in gathering information from your midwife/doctor and nurses in order to make informed decisions.

Notifying the doula that labor has begun:

The client agrees to contact the doula by phone immediately upon suspecting the onset of labor. The doula will then be available to join the client when contractions are regular, progressing and the client feels doula support is needed. The doula will need approximately one hour from the time the client requests her presence to the time of arrival.

Self-Pay

If your insurance does not cover our services, or you have no insurance, you will be considered self-pay. The fee is \$1,600. Together, we can create a payment plan. Clients are required to pay 25% of the fee as a non-refundable portion upon contracting with Mandala Midwifery at the second visit, and complete payments by 36 weeks of pregnancy.

Payment with Insurance

If you have a PPO health insurance, you are able to obtain reimbursement for services from providers who are "out of network" and in some cases "in network." We use Larsen Billing Service (LBS) to manage the insurance billing. LBS submits the appropriate forms to your insurer and follows up with any claims.

By entering into this contract, you authorize Mandala Midwifery and LBS to release health information to your insurance company or health carrier for the purpose of processing your claims.

Mandala Midwifery and LBS may bill your insurance company or health carrier for the following services related to your care including, but not limited to: **Prenatal and postpartum visits and birth assistance.**

The standard fee for Mandala Midwifery doula services is \$1,600. The client is responsible for paying Mandala Midwifery a deposit of \$1,600 as set out by the agreed-upon payment plan, regardless of insurance reimbursement. Clients are required to pay 25% of the deposit as a non-refundable portion at the second visit with Mandala Midwifery, and complete payments by 36 weeks of pregnancy.

If your insurance company accepts your claims, you will be reimbursed according to your insurance plan. Any reimbursement from the insurer in excess of the standard fee will go to Mandala Midwifery to cover the costs associated with insurance billing. This is possible because LBS bills insurance and health carriers by itemizing services in accordance with the insurer's claims payment structure, which may require billing the payor in excess of the standard fee. It is illegal for clients to make money off of insurance claims.

If your insurance company denies your claims, you are responsible for continuing to pay Mandala Midwifery the entire deposit to cover the standard fee for services.

If your insurance company pays Mandala Midwifery directly, we will send you the appropriate reimbursement. Your reimbursement cannot exceed the deposit. Your reimbursement amount will be affected by your assigned co-payments, any deductibles (for you and your baby) applied to the claims, independent of payments from the insurers. The billing service fee will be deducted from the insurance reimbursement.

If your insurance company pays you directly, which is not uncommon, you agree to cooperate with LBS. They will determine how much of the reimbursement should be sent to Mandala Midwifery, taking into account co-payments, deductibles, and the LBS fee; and how much, if any, is yours to keep. In this situation, you agree to reimburse Mandala Midwifery immediately. Any unpaid balance remaining 30 days after the insurance reimbursement was sent is considered delinquent and is subject to a 1.5% monthly interest charge. Any unpaid balance remaining 90 days after the insurance reimbursement was sent will be reported to a collection agency and will negatively impact your credit rating.

You, the client agrees to pay a fee for the insurance billing services of Larsen Billing Service. This fee shall be an amount equal to 8% of collections from billing, or \$25.00 per full-term client, whichever is greater. If the collections from billing exceed the deposit amount, the 8% fee will be paid by Mandala Midwifery to LBS. The clients who receive partial care, a smaller flat fee may be negotiated with LBS as needed. The client will not be responsible for paying the 8% on any amount the provider receives that exceeds the deposit.

Additional Fees

A separate, refundable FEES deposit for \$100 will be collected at the first visit with Mandala Midwifery to pay for miscellaneous fees such as food runs, parking coverage, herbs, homeopathics, etc. Any unused funds will be returned. If fees exceed the \$100 deposit, you will be billed accordingly.

Refund Policy

If care by Mandala Midwifery is discontinued, whether by choice of the client or doula, prior to 36 weeks of pregnancy, the client is responsible for paying for all the care received, including:

- All appointments, which are billed at the rate of \$250 per visit
- Any additional services provided or fees accumulated
- 25% of your fee for services is a non-refundable portion

If care by Mandala Midwifery is discontinued, whether by choice of the client or doula, after to 36 weeks of pregnancy, there are no refunds.

In the unlikely event that labor support services cannot be provided:

- *Rapid Labor:* It is extremely important that the client contact the doula immediately if the client feels labor is progressing rapidly. The doula will make every attempt to arrive right away, typically one hour or less from the time her presence is requested. If the circumstances are extenuating and the doula does not make it to the birth (a very rapid labor of less than 1 hour), 25% of the total fee will be returned.
- *Client failure to notify doula of labor progression:* If the client fails to notify the doula in a timely fashion and failure to notify results in the doula not attending the birth, all fees remain the same.
- *Back-up doula support:* A back-up doula will be provided if the doula is unable to make the labor or birth. If a back-up doula attends the client's birth, all fees remain the same. The client has the right to refuse a back-up doula, however all fees remain the same. If the doula fails to provide a back-up doula, all monies will be returned minus the retainer fee.
- *For no other reason will fees be reimbursed.* Birth by cesarean section without the onset of labor does not warrant reimbursement.

It is agreed that Mandala Midwifery will provide doula care for the current pregnancy of:

(Print client's name) _____.

The client is responsible for paying \$1,600 for these services, less sliding scale discount of _____,

making the total fee \$ _____, and is due in full by 36 weeks of pregnancy _____ (date).

The separate \$100 refundable deposit for additional FEES is due at the first visit. The 25% non-refundable portion of the total fee is due at the second visit. The following payment schedule is hereby agreed upon:

Payment Date	Amount \$	Actual Date Paid	Check Number
(Refundable FEES Deposit) 1.	\$100		
(25% Non-Refundable Portion) 2.			
3.			
4.			
5.			

Client (Please Print)

Signature

Date

Partner (Please Print)

Signature

Date

Doula (Please Print)

Signature

Date