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Financial Agreement for Birth Services

The fee for Mandala Midwifery care during the childbearing cycle includes:

- Regularly scheduled prenatal visits
- Midwife on-call for labor & birth from 37 weeks of pregnancy until birth
- Assistance during labor and birth
- Regularly scheduled postpartum visits until six weeks postpartum
- Newborn care for the first six weeks of life *(planned homebirths only)*

The fee does not include laboratory tests, physician consultations, hospital services, herbal or homeopathic remedies, supplies, doula care, childbirth classes or Well Woman care. These may incur additional charges.

Self-Pay

If your insurance does not cover our services, or you have no insurance, you will be considered self-pay. The fee for a planned homebirth is $5,500. The fee for a planned hospital birth is $3,500. 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 accordance with your insurance plan. 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: **Initial prenatal visit, prenatal and postpartum home and office visits, intrapartum care, birth assistance, lab work, supplies, IV therapy, OB global fee, newborn care visits, newborn exams and the Newborn Screen.**

The standard fee for Mandala Midwifery planned HOMEBIRTH services is $5,500. The planned homebirth client is responsible for paying Mandala Midwifery a deposit of $5,500, regardless of insurance reimbursement. Together, we can create a payment plan.

The standard fee for Mandala Midwifery planned HOSPITAL birth services is $3,500. The planned hospital birth client is responsible for paying Mandala Midwifery a deposit of $3,500, regardless of insurance reimbursement. Together, we can create a payment plan.

Clients are required to pay 25% of the deposit as a non-refundable portion upon contracting with Mandala Midwifery at the second visit, and complete payments by 36 weeks of pregnancy.

If the insurance company accepts your claims, you will be reimbursed according to your insurance plan. If the client puts forth a deposit payment incorporating a sliding scale discount, any insurance reimbursements will first go toward the remaining deposit. When the deposit has been met, the remaining insurance reimbursement will go to the client. Your reimbursement cannot exceed the amount put forth to Mandala Midwifery.

Any reimbursement from the insurer in excess of the deposit 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 the insurance company denies your claims, you are responsible for continuing to pay Mandala Midwifery the entire deposit to cover the standard fee for services, less, if applicable, the sliding scale discount.

If the insurance company pays Mandala Midwifery directly, we will send you the appropriate reimbursement. Your reimbursement amount will be affected by your assigned co-payments, any deductibles applied to the claims (for you and your baby) independent of payments from the insurers, and the billing service fee.

If the insurance company pays you directly, which is not uncommon, you agree pay Mandala Midwifery the appropriate portion of the reimbursement, taking into account co-payments, deductibles, and the LBS fee. Mandala Midwifery will help determine 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 agree to pay a fee for the insurance billing services of Larsen Billing Service according to your needs. The fees are as follows:
Verification of Benefits & Test Claim if necessary is $20.
One claim, per birth, for the mother is $100.
All claims, per birth, for the mother and newborn is $250.
Well-Woman claim is $20.

Additional Fees Refundable Deposit

A separate ADDITIONAL FEES refundable deposit will be collected at the ***first*** visit with Mandala Midwifery to pay for miscellaneous fees such as labs, herbs, homeopathics, NBS, billing service, etc. If you plan to bill insurance it is $400. If you are self-pay it is $200.
Any unused funds will be returned. If fees exceed the Additional Fees deposit, you will be billed accordingly.

Refund Policy

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

- 25% of your fee for services which is a non-refundable portion
- All appointments which are billed per visit at the rate of 5% of the total agreed upon fee in addition to the 25% non-refundable portion
- Any additional services provided or fees accumulated, such as labs, remedies, birth packages, etc.

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

For no other reason will the fee be reimbursed, including the following scenarios:

For those planning homebirth, there are a number of reasons why a client may need to receive concurrent care, transfer care, and/or may not birth at home as planned. Transferring care, birthing in a hospital, or having

a cesarean section does not warrant a refund. For those planning homebirth or hospital birth, it is extremely important that the client contact the midwife immediately if the client feels labor is progressing rapidly. The midwife will make every attempt to arrive right away. If the client fails to notify the midwife in a timely fashion and failure to notify results in the midwife not attending the birth; or even if the circumstances are extenuating and the birth happens in less than one hour, and the midwife does not make it to the birth, all fees remain the same. Mandala Midwifery is committed to seeing you through the six weeks postpartum.

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

*(Print client's name)*_____.

❒ The client is planning a homebirth and responsible for paying $5,500 for these services,
❒ The client is planning a hospital birth and responsible for paying $3,500 for these services,

less sliding scale discount of $_____, making the total put forth by the client as $_____,

and is due in full by _____ *(date).* 36 weeks of pregnancy suggested.

❒ See Addendum: Additional Optional Services

The client is responsible for paying the separate ADDITIONAL FEES refundable deposit at the ***initial*** 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	**Amount $**
1st Visit *ADDITIONAL FEES* *Refundable Deposit*	$200/$400 *Circle Applicable*
2nd Visit *25% Non-Refundable Portion*	
Monthly Payments (Anticipated #:_____)	

All parties agree to this Financial Agreement.

Client (Please Print)	*Signature*	*Date*
Partner (Please Print)	*Signature*	*Date*
Midwife (Please Print)	*Signature*	*Date*