My Peaceful Birth Midwifery

Financial Statement Agreement

I am thrilled to welcome you to this practice. It is my honor to assist you with the birth of your baby. I believe in giving my best quality care to you during your prenatal, delivery and postpartum experience. It is my intention to give you my personal attention to facilitate a safe and empowering experience.

My ability to provide my best service to you depends on receiving financial compensation for these services. I purposely limit my practice to a few selected clients in order to maintain a balance with my personal and family life and still be completely committed to assist you in having the best birth experience possible.

A clear understanding of the financial obligation to Amy Olson, My Peaceful Birth Midwifery, ensures a smooth working relationship. I/we have expressly entered into this financial agreement:

1. We agree to pay Amy Olson, DEM, the sum of $3000 for midwifery care which includes:

• Regular prenatal visits (monthly until 28 weeks, bimonthly until 36 weeks, weekly thereafter)

• Labor, birth, and immediate postpartum care for mom and baby (including ass

• Complete newborn exam and Metabolic testing

• Postpartum visits: in home, in office and by phone

• Having your midwife on call for you from 37 weeks until your birth

Additional expenses may include: (Services NOT Included in Standard Fee)

• Ultrasound exams

• Any referred services (e.g. physician, chiropractor, etc. can be billed to insurance if applicable)

• Eye ointment and Vitamin K if desired

• Birth kit and supplies

• Billing Insurance

• Lab work

* Birth tub rental

• Special medications such as Rhogam or antibiotics

A non-refundable deposit of $600, applied toward the global fee, is due by the second appointment or at the initial visit if you are past 12 weeks pregnant.

The balance is due by the 36th week of pregnancy. I/we understand that we must pay in advance by trimester or in monthly installments. See Payment schedule below.

The package fee will remain the same should the midwife decide to transport you to a hospital at some point during the week of your due date or during your labor. A refund will not be made. If a transport occurs, your midwife will continue to offer support and will remain with you through whatever situation develops. If desired, she will continue with postpartum care following your discharge home. This 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 decide to transfer care, or should it become necessary, after your 37th week as calculated by us, but prior to labor, the fee will be reduced to $2500 and will not include postpartum care, unless other arrangements are made. As the practice plans its schedules with your due date in mind (and may turn down other clients to provide the best care to you), should you decide to terminate your care, or should it be necessary, after your 28th week, but prior to your 37th week, the fee will be $1800. If you terminate care prior to your 28th week, charges will be as follows:

$250 Initial Prenatal Visit

$125 Each Prenatal Office Visit

$200 Each Home Visit

If you decide, prior to, at the onset of, or during labor to choose not to contact Amy Olson, DEM, or her substitute for labor and delivery, and she or her substitute are not present at the birth, the birth fee will not be refunded. This excludes the scenario where either party had officially terminate services by letter or person-to-person telephone call.

Amy Olson, DEM, will be paid in full if she and or her midwifery partner/assistant/intern/substitute arrive after the delivery as a result of delayed notification or a precipitous (very quick) delivery. I also understand that Amy Olson, DEM or her substitute will make every effort possible to arrive at the birth as quickly and safely as possible, poor traffic or weather conditions cannot always be anticipated but whenever anticipated will be taken into account, knowing that mom is in labor. Delayed arrival due to these circumstances are not grounds for refund for services.

If Amy Olson, DEM, is not able to attend the birth due to her attendance at another birth or other unavoidable circumstances, another midwife will attend the birth as back-up, and Amy Olson will be paid in full. Amy will in turn compensate the midwife who substituted for her.

Client agrees to pay fee for insurance billing service (if applicable). This fee shall be an amount equal to 10% of collections from billing, or $100 per full-term client, whichever is greater. In regards to client that receives partial care, the fee will prorated as negotiated.

****It is clearly understood that Amy Olson, DEM reserves the right to terminate her services and to not attend the birth if the full payment is not received as agreed above. In the event payment is not made and the midwife withdraws from providing care, she will immediately inform the parent in person or by telephone and in writing. She will return the fee which has been paid **less the $600 non-refundable deposit and the amount equivalent to the office/home visits accrued.**

I understand that if there is a financial balance due at the time birth or beyond, and payment has not been made per the above arrangements, Amy Olson, DEM may turn over the account to a collection agency, this may poorly reflect on the credit report.

If it becomes necessary for any party to hire an attorney to enforce any terms of this agreement, that party will be entitled to attorney fees, even if formal legal action is not stared. In the event legal action is started, the prevailing party, at arbitration, trial or appeal, will be entitled to recover reasonable attorney fees. Amy Olson, DEM, and the parents each promise to work to establish an atmosphere of trust and cooperation that will contribute a rewarding birth experience!

We agree to the following Payment Schedule:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| $600 Deposit |  | Date: |  | Cash/check/credit |
|  |  |  |  |  |
|  |  |  |  |  |

I/we have read and understand this financial agreement in its entirety and have clarified any issue that was unclear. I/we have been given a copy of this agreement for our records. I/we agree to honor this agreement.

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Client Signature/ Date Partner Signature/ Date