

Peaceful Beginnings Midwifery Financial Agreement

Services included in global Maternity Care

Complete prenatal care

- Pregnancy tests
- Prenatal visits in your home*(OHP does not cover the cost of in home visits. It may be necessary to come to your midwives office, or pay the additional home visit fee)
 - There is an additional fee assessed for clients who reside more than 30 miles from the midwives office. Or clients may come to the office for visits will no additional fee.
- Prenatal vitamins*(not covered by OHP, provided for free to OHP clients)
- In-home urinalysis
- Monitoring of blood glucose and Hgb*(in-home monitoring not allowed/covered by OHP you will be required to go to an outside lab)
- Referral for other labs as indicated
 - Outside labs are at an additional cost to the client
- Nutritional and pregnancy counseling and education
- Administration of Rhogam as indicated
 - The Rhogam itself is not covered by the global fee, you will be charged the exact cost of the Rhogam.

Labor/Birth/Immediate postpartum care

- The birth kit is included in the global fee*(Not all is covered by OHP, and you may need to obtain some items, yourself)
- Management of your labor
- Management of water birth is included
 - You may obtain your own "kiddie pool, " please have your selection approved by your midwife first to ensure it is an appropriate depth for water birth.
 - Full-size Professional Birth Pool is available at an additional rental cost due to warranty requirements and includes a custom fit liner and cover. More info is available here:
<https://birthpoolinabox.com/pages/pro-birth-pool-in-a-box-choosing-your-size>
 - Waterbirth requires that you purchase a new, drinking water safe house for the birth.
- Suturing of tissues if indicated
- Administration of oxygen if indicated
- Administration of IV antibiotics if indicated
- Administration of IV fluids if indicated
- Administration of antihemorrhagics if indicated
- Use of herbs and homeopathic as indicated in labor (Not covered by OHP*)
- Administration of Vitamin K and eye prophylaxis for the newborn if desired

Postpartum care and newborn care for 6-8 weeks following birth

- 2 Newborn Metabolic Screens (OHP covers this being performed at the hospital lab or your PCP)
- In home postpartum care for client and newborn (in home care not covered by OHP, midwife will come to you for minimum of first two visits postpartum)
- Referrals as needed for client and newborn care such as lip/tongue ties. Pelvic floor therapy etc.
- CCHD screen
- Breastfeeding support
- Family planning education and referral

Services that may incur additional cost to the client

- Outside laboratory testing
- Ultrasound
- Any referral services
- Professional Birth Pool
- Any costs associated with transport or transfer of care
- Placenta encapsulation is available at a discounted rate to clients

Services not provided

- Circumcision
- Repair of 3rd or 4th degree perineal trauma
- Vacuum or forceps delivery

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Clients responsible for obtaining the following:

- Laboratory/Diagnostic Tests as indicated
- Prescriptions & Non-Prescription Medications, or herbal supplements as indicated for care of mother and/or infant related to the current pregnancy and postpartum care
- Emergency expenses that may include transportation, emergency room, and physician expenses, surgery and medications; or any standard hospital, clinical, physician, nursing, or doula expenses related to the current pregnancy & postpartum care.

Schedule of Fees:

All fees must be paid in full by 36 weeks of gestation. If the client's health insurance coverage extends to include homebirth fees (in whole or in part), the client will be reimbursed upon receiving payment from the health insurance provider. Claims are submitted after the birth of the baby and it may take several weeks to months to receive any reimbursement. As we are not in-network with any insurance providers, claims are processed through a 3rd party insurance biller for a fee that is deducted from any reimbursement received.

Global Birth Fee- \$5,800

This includes all care from pregnancy testing, initial consultation, routine prenatal visits, standard medical testing using out-of-laboratory methods, nutritional counseling, prenatal education & preparation, homebirth services, immediate postpartum care, and newborn exam, and a minimum of 5 postpartum home visits. See details outlined above. No discount is given for clients coming late to care.

It is the client's responsibility to determine insurance coverage.

Payment Schedule

A non-refundable retainer of \$500.00 is due upon returning the signed contract by the 2nd visit and credited in full to the balance.

Clients may make smaller or larger payments as long as they are paid in full according to the payment option chosen.

Paid in Full by 28 visit- \$5,500

Paid in Full by 36 weeks-\$5,800

\$100 late fee will apply after 40 weeks. 10% late fee will apply to any balance not paid by 6 weeks postpartum unless other payment arrangements have been agreed upon.

Payment Methods

Clients can pay by personal check, cash, Paypal, or Venmo. We are also able to Medical Loan programs such as United Medical Credit.

Transfer of Care/Refunds:

The \$500 retainer fee is non-refundable. In the event of pregnancy loss or transfer of care prior to 36 weeks gestation, the fee will be prorated at the providers discretion and any excess will be refunded within 90 days. No refund will be given after 36 weeks gestation. In event of transfer, your midwife will resume postpartum and newborn care after you are released back to her care.

We reserve the right to decline further care in the event of non-payment within agreed-upon terms, assessment of client medical or psychological condition(s), or because of uncooperative actions on the part of one parent/s that the midwife deems a safety concern.

An appropriate refund will be made.

I/we have read and agree to all sections of this contract. It is agreed that Lori Hedlund LDM CPM is contracted for the services stated within this agreement. I/ee accept the full financial obligation of all services rendered. I/ee do hereby understand and accept all information, terms, and conditions as laid out herein. I/We execute this contract voluntarily and with full knowledge of its significance and ramifications.

Client Signature: _____ Date _____

Partner Signature: _____ Date _____

Client Printed Name: _____ Date _____

Midwife Signature: _____ Date _____