



Financial Agreement

Midwifery Service Fee

Our services are usually covered in part or full by most insurance plans. We are preferred providers for many of the major companies. The actual amount billed and reimbursed by insurance depends on the actual care provided to you and the provider contract signed with your insurance plan. \$4500 is an estimate.

We have a billing specialist who will assess the level of coverage you have. If you have a large deductible to meet, she will calculate your estimated out of pocket expense, create a prebill to collect fees prior to delivery, and make payment arrangements with you.

In the event that your care is transferred to another provider, you will be refunded any amount paid over the care already rendered within 90 days. The balance for any services already provided in due within 30 days, additional fees will accrue if not paid by 30 days.

Services Covered by Insurance under the Midwifery Service Fee	Services Not Covered by Insurance*
<ul style="list-style-type: none">• Prenatal visits• Labor, birth, and immediate postpartum care• Postpartum Visits• Newborn Visits• 24/7 midwife availability	<ul style="list-style-type: none">• Birth Assistant Fee & Admin Fee• Birth tub rental• Nitrous Oxide for labor• Placenta encapsulation• Birth kit• Supplements• Childbirth Classes• Doula Coverage• Additional household supplies necessary for having a baby at home
Other Insurance Covered Services, Billed Separately <ul style="list-style-type: none">• Lab work & ultrasound fees• Physician consult or referral• Hospital charges• RhoGam• Birth Center Fees	<p>*Many of the non-covered services may be covered by Health Savings Accounts (HSA) if you have one</p>

Required Non-Covered Service Fees

___ **Birth Kit:** Purchased separately online by 36 weeks. **Cost: ~\$55**

___ **Birth Assistant/Admin Fee:** Reserving a skilled second attendant to attend your birth, and billing services. Also covers the use of Nitrous Oxide. Non-refundable. **Cost \$800**
(Discounted to **\$500** for Families on Medicaid/ WA Apple Health)

Special Circumstances

___ **VBaC Fee:** For clients with a history of prior cesarean birth (VBaC) insurance will not cover the cost of labor, birth and immediate postpartum care for mom and baby. Includes cost of labor & birth support, birth assistant fee, admin fee & nitrous oxide use in labor. Non-refundable after 36 weeks, including in the event of transfer. **Cost: \$3000**



Additional Service Fees

___ **Placenta Encapsulation:** Prepared by one of the midwives **Cost: \$250**

Payment Agreement

I give my permission to Seattle Midwives and their biller to bill my insurance for part or all of the care received.

I understand that I am responsible to meet my deductible and the biller will prebill me based off of an estimate of my out of pocket expense which will be paid prior to my birth. If the out of pocket expense ends up being less than I paid, Seattle Midwives will pay me a refund within 90 days after my last visit.

I understand it is my responsibility to inform Seattle Midwives of any change in your plan or coverage.

I understand that if I opt for additional services in the future that those fees will be billed to me at the time they are requested.

I agree to pay the midwifery fees described above. I understand and agree that if for any reason my insurance company does not pay, I am responsible for the cost of midwifery care given.

Client's Name Printed _____

Client's Signature _____ *Date* _____