



Financial Agreement

For VBaC Families

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. 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.

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.

In the event that your care is transferred to another provider before 36 weeks, 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.

<p>Services Covered by Insurance under the Midwifery Service Fee</p> <ul style="list-style-type: none">• Prenatal visits• Postpartum Visits• Newborn Visits• 24/7 midwife availability <p>Other Insurance Covered Services, Billed Separately</p> <ul style="list-style-type: none">• Lab work & ultrasound fees• Physician consult or referral• Hospital charges• RhoGam• Birth Center Fees	<p>Services Not Covered by Insurance*</p> <ul style="list-style-type: none">• Labor & Birth Midwifery Care for VBaC• 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 <p>*Many of the non-covered services may be covered by Health Savings Accounts (HSA) if you have one</p>
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Required Non-Covered Service Fees

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

___ **VBAC Fee:** Includes cost of labor & birth support, birth assistant fee, admin fee, birth tub rental & nitrous oxide use in labor. Non-refundable after 36 weeks, including in the event of transfer. **Cost \$3000 (\$1150 savings)**

Additional Service Fees

___ **Placenta Encapsulation:** Prepared by one of the midwives or students **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 labor & birth is not covered by insurance, including WA Apple Health, for clients with a history of previous cesarean birth (VBaCs).

I understand that I am responsible to meet my deductible and the biller will prebill me based off an estimate of my out of pocket expense which will be paid prior to my birth.

I understand it is my responsibility to inform Seattle Midwives of any change in your plan or coverage. If I have WA Apple Health, I agree to switch to an in-network plan such as CHPW.

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/our insurance company does not pay, I/we are responsible for the cost of midwifery care given.

Client's Name Printed _____ Date _____

Client's Signature _____ Date _____