



## Financial Agreement

For Families with Washington Apple Health

### Midwifery Service Fee

Our midwifery services are covered in full by Washington Apple Health/ Pregnancy Medical. We request all clients with WA Apple Health to switch to a plan we are in-network with, such as Community Health Plan of Washington.

<p><b>Services Covered by WA Apple Health under the Midwifery Service Fee</b></p> <ul style="list-style-type: none"> <li>• Prenatal visits</li> <li>• Labor, birth, &amp; immediate postpartum care</li> <li>• Postpartum Visits</li> <li>• Newborn Visits</li> <li>• 24/7 midwife availability</li> </ul> <p><b>Other Covered Services, Billed Separately</b></p> <ul style="list-style-type: none"> <li>• Lab work &amp; ultrasound fees</li> <li>• Physician consult or referral</li> <li>• Hospital charges</li> <li>• RhoGam</li> <li>• Birth Center Fees</li> </ul>	<p><b>Services Not Covered by Insurance</b></p> <ul style="list-style-type: none"> <li>• Birth Assistant Fee &amp; Admin Fee</li> <li>• Birth tub rental</li> <li>• Nitrous Oxide for labor</li> <li>• Placenta encapsulation</li> <li>• Birth kit</li> <li>• Supplements</li> <li>• Childbirth Classes</li> <li>• Doula Coverage</li> <li>• Additional household supplies necessary for having a baby at home</li> </ul>
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### 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. Non-refundable after 36 weeks. **Cost \$350** (\$150 discount given)

### Additional Service Fees

\_\_\_ **Labor Pool & Nitrous:** Aquadoula Labor Tub Rental, use of Nitrous Oxide for pain management in labor, and Birth Assistant/Admin Fee. **Cost: \$800** (\$350 discount for combined services)

\_\_\_ **Placenta Encapsulation:** Prepared by one of the midwives or students **Cost: \$250**

\_\_\_ **Doula Coverage:** In the event of a transfer, Seattle Midwives are no longer paid to provide care. We may continue non-midwifery care as a doula in the hospital. **Cost: \$1200**

## Payment Agreement

I have insurance through the state of Washington. I understand it is my responsibility to inform Seattle Midwives of any change in your plan or coverage. I agree to switch my care to an in-network plan. I understand that if I opt for additional non-covered services in the future that those fees will be billed to me at the time they are requested. I give permission to Seattle Midwives billing service, to bill out insurance company for midwifery service provided.

Client's Name Printed \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

