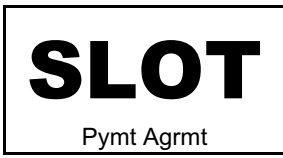




# Payment Agreement



Client: \_\_\_\_\_

Product or Service	Price
<b>Packages</b>	
<input type="checkbox"/> <b>Home Birth Midwife Package</b> Prenatal, delivery, and postpartum care with the midwife you choose Delivery at your home, including waterbirth if desired Initial labwork and Group B Strep test Hearing Screening Test for the baby Birth Supply Kit Towel Service	\$2,900.00 + tax
<input type="checkbox"/> <b>Birth Suites Midwife Package</b> Prenatal, delivery, and postpartum care with the midwife you choose Delivery at BellaNatal Birthing Suites, including waterbirth if desired, 8-hour postpartum stay Initial labwork and Group B Strep test Hearing Screening Test for the baby Waterbirth, supplies, and towels are provided by the birthing suites and are included in this package.	\$2,600.00
<input type="checkbox"/> <b>Birth Suites Apprentice Package</b> Prenatal, delivery, and postpartum care with our master-midwife supervised apprentices Delivery at BetterBirth's birthing suites, including waterbirth if desired, 4-hour postpartum stay Waterbirth, supplies, and towels are provided by the birthing suites and are included in this price	\$1,400.00
<b>A-la-Carte Items</b>	
<input type="checkbox"/> <b>Prenatal Care Only</b> Charged by the visit, does not include prenatal lab work. For those NOT intending to deliver with BetterBirth, ...	\$41.00
<input type="checkbox"/> <b>RhoGAM, Prenatal</b> Includes basic labs for 28-week or prenatal bleed/miscarriage administration of RhoGAM and the injection. <b>There may be an additional fee if more lab tests are required based on the outcome of initial tests.</b>	\$35 labs \$140 inj. \$175 total
<input type="checkbox"/> <b>RhoGAM, Postpartum</b> Includes basic labs for postpartum administration of RhoGAM and the injection. <b>There may be an additional fee if more lab tests are required based on the outcome of initial tests.</b>	\$200 labs \$140 inj. \$340 total
<input type="checkbox"/> <b>Beta Strep Antibiotic Service</b> Includes injection or IV administration of ampicillin every 4 to 6 hours during labor up to three doses.	\$65.00
<input type="checkbox"/> <b>Newborn Metabolic Screening Test</b> Includes initial test between 1 and 5 days postpartum, and a second test on or about the 14 <sup>th</sup> day postpartum. If you prefer, we will give you the test card to take for your pediatrician or other provider to do the second test.	\$120.00
<input type="checkbox"/> <b>Newborn Eye Prophylaxis</b> Includes instillation of Erythromycin ointment in the eyes of the newborn.	\$35.00
<input type="checkbox"/> <b>Newborn Vitamin K Injection</b> Includes injection of Vitamin K to newborn.	\$20.00
<input type="checkbox"/> <b>Newborn Blood Typing</b> Includes "Eldoncard" method of blood type test.	\$15.00

## **IF YOU ARE BIRTHING IN THE BIRTHING SUITES:**

### **Conditions of Use**

When you are in labor, you must call your provider who will meet you at the facility and let you in. Your provider is solely responsible for letting you in and for your care. You are responsible for CALLING THE PROVIDER IN TIME to check in prior to birth of the baby. In the unlikely event you cannot reach your provider, call your provider's designated backup (obtain this information from your provider). Your provider will determine whether you are in active labor. If not, you may be sent home until labor is active. Once labor is active, your provider will attend you in the facility until you are stable postpartum (or in the unlikely event of complications, until transfer to another facility). The staff of BellaNatal Birthing Suites will not be present until you are stable postpartum. BellaNatal Birthing Suites staff does not perform any clinical care. If complications arise during labor and delivery, you and your provider may decide to transfer to another facility. If complications arise after your provider leaves you postpartum, he or she will be called back to assist you, or if necessary, emergency medical personnel will be summoned.

You may remain in the facility for 8 hours after your provider determines you are stable postpartum if you have elected "Birth Suites Midwife Package," or 4 hours after your provider determines you are stable postpartum if you have elected "Birth Suites Apprentice Package." If you are not stable enough to safely leave the facility under your own power by your check-out time, you will be transported to a hospital or other appropriate facility by or under the direction of your care provider.

Your fee includes the food and use of the kitchen facility. You may bring your own food if you desire. If another mother arrives in active labor AFTER you have had your baby, you may be required to move to another room to allow the arriving mother to use the birth room. A non-refundable deposit of \$100 is required to hold your provisional reservation of the facility.

### **Agreement**

I agree to the Conditions of Use described above. I agree that the sole parties responsible for my care and its outcome are myself and my provider. I hereby release and hold harmless BellaNatal, ... and its agents from any responsibility for my care or its outcome.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Payment Policies

All services must be paid for in advance according to this agreement. You may design your own schedule of payments. Your payment plan must meet the following requirements: **1) \$200 non-refundable deposit, and an additional \$100 non-refundable deposit if you have selected a Birth Suites package, must be paid upon commencing care. 2) 25% of balance must be paid by 20 weeks gestation (or upon commencement of care if care begins after 20 weeks). 3) 50% of balance must be paid by 28 weeks (or upon commencement of care if care begins after 28 weeks). 4) The entire balance due must be paid by 36 weeks gestation (4 weeks prior to your due date).**

The fee for your maternity care does not include any herbs, supplements, or food products that may be recommended by the midwife, or any services performed by another provider (such as physician or hospital services).

## Insurance

We do not bill insurance. If requested, BetterBirth, LLC will provide a completed claim form which you may submit to your insurance company for reimbursement.

**OPTIONAL:** If you want us to prepare an insurance claim form for you, please check the following:

**Insurance:** I understand and acknowledge that I am responsible to pay for services rendered under this agreement, regardless of my insurance coverage. I hereby authorize my midwife and BetterBirth, LLC to prepare a claim form that I may submit to my medical insurance company for services rendered throughout my maternity care. I understand BetterBirth, LLC makes no promise or guarantee regarding the reimbursability of the claim, and such reimbursement is an issue strictly between me and my insurance company to which BetterBirth, LLC is not a party. I understand that it is my responsibility to check with my insurance carrier regarding any necessary pre-authorization or pre-certification required for maternity coverage, and I understand that if my insurance requires such pre-authorization or pre-certification and I do not obtain it, they will not pay the claim. I understand that if a hospital transport is required during labor before birth of the baby, BetterBirth, LLC can only prepare a claim for the prenatal care, not for the delivery, and therefore insurance reimbursement, if any, will be lower than if the global delivery fee were billed.

## Refunds

You must notify BetterBirth, LLC prior to labor if you wish to withdraw from care. **If you have not withdrawn from care, once labor begins the full price on packages applies and there is no refund for any reason, including the following:**

- Details of the pregnancy, delivery, or postpartum made an item inapplicable, inappropriate or impossible to provide. (For example, Waterbirth Service is not provided because labor progresses so quickly that there is no time to fill the tub.)
- You did not notify the midwife you were in labor or did not call her to attend you.
- The midwife did not arrive before the baby was born, or you did not arrive at the birthing suites before the baby was born.
- You transferred to the hospital during or following labor.

If you withdraw from care with BetterBirth, LLC for any reason prior to the onset of labor the price due will be

\$100 non-refundable birth suites deposit (only if you selected a Birth Suites package), PLUS \$200 non-refundable deposit OR the price of the actual services provided (as follows), whichever is greater:

- A-la-carte price for each prenatal visit ("Prenatal visit" means any in-person visit with the midwife or her substitute, even if the visit occurs at another provider's office (e.g. for consultation with another provider or ultrasound)), plus
- A-la-carte price for any product or service that has been delivered, including:

<b>Waterbirth Tub (if not returned in good condition)</b>	<b>\$400.00</b>	<b>Beta Strep Test</b>	<b>\$65.00</b>
<b>Birth Supply Kit (if not returned in unopened condition)</b>	<b>\$77.00 plus tax</b>	<b>Prenatal Bloodwork</b>	<b>\$95.00</b>

Any monies paid in addition to this amount will be refunded.

## Refund Form of Payment

Any fees paid through a credit card will be refunded through that credit card. Otherwise, a check will be issued for the refund amount within 10 days of the request.

## Agreement

I agree to pay BetterBirth, LLC the full price and according to the terms described above. **I UNDERSTAND THAT IF I DO NOT PAY AS SCHEDULED, CARE WILL BE TERMINATED BY BETTERBIRTH, LLC, THE MIDWIFE WILL NOT ATTEND MY BIRTH, IF I HAVE RESERVED THE BIRTH SUITES THAT RESERVATION WILL BE CANCELLED AND I WILL HAVE TO DELIVER MY BABY ELSEWHERE,** and I agree to pay any balance owed within 10 days. If I do not pay the balance within 10 days, I agree to pay any and all collection costs and legal fees required to fully collect on this debt. I agree to all the terms and conditions described in this Payment Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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