

# Financial Agreement

## 1. Parties

This agreement is made between \_\_\_\_\_, the Clients, and Linda Johnson, CNM / Mother's Own Birth and Women's Center LLC, the Practice.

## 2. Fees

A nonrefundable deposit of \$100.00 is payable at the first visit, unless the mother has public insurance (Medicaid). The non refundable deposit will be applied toward the deductible and co-pay amounts.

The Practice's package fee is \$3750.00, which includes:

- Regular prenatal visits, including a minimum of one home visit at approximately 36 weeks of pregnancy, if planning a home birth.
- Labor, birth and immediate postpartum care for mom and baby
- Assistant fee
- Postpartum visits for mom and baby at 24-36 hours, 3-5 days, 2 weeks for a baby weight check if needed, and 6-8 weeks. All care prior to 4 weeks may be done in the client's home.
- Newborn screenings required by state law.

This fee does not include:

- Lab work for mom or baby other than those required by the state
- Any referred services such as ultrasound
- Non-stress tests
- Physician or hospital charges
- Non-routine supplies such as IV's or cost of transport to hospital.
- Prenatal care visits at home except the 36 week visit for a home birth. If the family wishes to arrange home visits for prenatal care, there is an additional charge of \$200.00 to cover the midwife's travel time, time away from the office and travel expenses. This fee is payable at the beginning of the visit.

The insurance companies require us to bill accurately for all services and supplies. This means that there will be at least four bills which will be sent to your insurance. Bills will be sent for facility charges or home birth charges for mom and baby, and bills for midwifery care/professional services for mom and baby. Depending on your insurance, other circumstances may apply. You will be responsible for any deductible and co-pay amounts as assigned by your insurance company. If you are experiencing financial hardship, please let us know. Discounts may be available. Please see Section 7 regarding Private Insurance and Section 8 for Ohio and Michigan Medicaid.

## 3. Transport to hospital

The package fee of \$3750.00 remains the same should this practice or the client decide at term (37 to 42 weeks) that the hospital is the safest place for birth to occur. If this occurs, your midwife will continue to offer support and remain with you through whatever situation develops. She will continue with postpartum care following your discharge home. This support and advocacy at the hospital can be very valuable, and having an experienced person there who you can trust makes the experience much more congenial. Your out of pocket expense may be higher because insurance frequently does not reimburse for the midwife's services at the hospital.

## 4. Transferring care

Should you decide to transfer care, or should it become necessary to transfer care after your 37th week as calculated by us, but prior to the onset of labor, the fee will be \$2000.00 and will not include postpartum care, unless other arrangements are made.

As this practice plans its schedules with your due date in mind (and may have possibly turned down other clients), should you decide to terminate your care with us, or should it become necessary after the beginning of your 32nd week, but prior to your 37th week, the fee will be \$1800.00.

If you terminate care before the end of your 31st week, charges will be as follows:

- \$250.00 for initial visit
- \$175.00 each prenatal office visit
- \$200.00 each home visit
- \$25.00 each hematocrit

#### 5. Payment plans

A payment plan must be worked out and in writing by the second prenatal visit, outlining the total price to be paid and a schedule of payments. The practice contracts with Larsen Billing Service for all payment plans. All payments must be received by the end of your 36th week as calculated by us to ensure the midwife's attendance at your birth. Please see the "Patient Responsibility" section below and the "Payment Plan Agreement" for a more complete discussion.

#### 6. Cash discount

Self pay clients may receive a 10% discount, reducing the package fee to \$3375.00, if they pay in full by the end of the 34th week of pregnancy as calculated by us.

#### 7. Private insurance

This practice will provide all potential clients with a Client Registration Form from Larsen Billing Service. Their fee to verify benefits is \$15.00 and needs to be paid using Online Bill Pay<sup>1</sup> before your insurance is called to verify benefits. Verification of benefits is usually completed within one week of sending the Client Registration Form to Larsen Billing Service and paying the fee. A copy of the Verification of Benefits will be provided to you once it is completed.

If you have private insurance or health care coverage, our billing service will bill your insurance company or health carrier for you. By entering into this contract, you authorize Larsen Billing Service, LLC to release health information to your insurance company or health care carrier for the purpose of processing your claims.

Larsen Billing Service, at our direction, may bill your insurance company or health carrier for the following services related to your and your baby's care, including, but not limited to:

Initial visit, lab work, midwifery care including prenatal visits, intrapartum care, delivery, birth assistance, facility fees, supplies, IV therapy and medications, newborn exam, newborn metabolic screen (PKU), and postpartum visits.

When we bill clients directly, we standardize all services into a \$3750.00 package fee. However, when we bill insurance and health carriers, we itemize services in accordance with the insurer's claims payment structure, which may require billing the payor in excess of the standard \$3750.00 fee. Due to repeated claims processing and tracking expenses, it is more costly to bill insurance than to collect directly from clients. The reimbursement amounts are variable and based on what the insurance company considers "usual and customary". Thus the amount we bill the insurance company may exceed the package amount of \$3750.00 to account for these discrepancies. We have the right to accept reimbursement from insurance that exceeds the package fee of \$3750.00.

The client is responsible for paying the practice enough to ensure that the minimum reimbursement is \$3750.00 unless eligible for the cash discount, regardless of insurance reimbursement. If your insurance denies your claims, you are responsible for paying us the entire package fee of \$3750. Verification of benefits does not guarantee payment.

If, upon verification of benefits, your insurance company is likely to pay, we may agree to collect only the deposit amount of \$750.00. This consists of deductibles for you and your baby, and approximate coinsurance amounts, otherwise known as "patient responsibility" or PR, rather than collecting the entire \$3750 package fee. If your insurance company pays, and we find that we have overcharged you, we will refund to you accordingly. If the insurance assigns PR that exceeds what we have collected from you, we will bill you for the deficit. If your family is experiencing financial hardship, please let us know. Discounts are available for financial hardship.

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<sup>1</sup> Simply go to the website at [www.larsenbilling.com](http://www.larsenbilling.com) and select the Online Bill Pay tab. There you will find a variety of ways you can make a payment: Pay by checking account, savings account or debit/credit card.

If you have insurance and you've paid the entire amount in advance, and if your insurance company pays us directly, we will send you a refund. Your refund cannot exceed the amount you prepaid less your nonrefundable deposit. Your refund amount will be affected by your assigned PR amounts and any deductibles (for you and your baby) applied to our claims independently of reimbursement amounts we receive.

If your insurance company reimburses you directly, which is not uncommon, you agree to cooperate with Larsen Billing Service, LLC. Our billing service will determine how much of the reimbursement should be sent to us, and how much, if any, is yours to keep. In this situation, you agree to reimburse us immediately. Any unpaid balance remaining 30 days after insurance reimbursement was sent is considered delinquent and is subject to a 10% monthly interest charge.

In cases where there is a deductible in excess of the package fee, there will be a \$100.00 fee to bill the insurance company for you and / or to submit documents to your insurance carrier.

#### 8. Ohio and Michigan Medicaid

At this time neither Ohio nor Michigan Medicaid reimburse facility or supply fees for out of hospital birth. The facility fee is \$1825 if you choose to birth at the birth center. There is a supply fee of \$825 which includes tub rental, assistant fees, and routine supplies if you are planning a home birth. As with all our families, we are willing to work out payment plans, but these fees are your responsibility.

#### 9. Refunds

If you decide to leave the care of the midwives at Mother's Own Birth center, and have prepaid your account, a refund, less the amount owed for care provided, will be issued within 30 days.

#### 10. Disclaimer

We, the Clients, relieve the Practice of any financial responsibility arising from outside medical care. We understand that if our bill has not been paid according to the terms of this agreement, our midwife cannot attend our birth and / or we will not be able to give birth at the birth center, unless other arrangements are made in writing.

#### 11. Entire agreement

Unless modified in writing, this document contains the entire agreement between the parties, and no other promises or representations have been made. If any portion of this agreement is rendered or held unenforceable or unlawful by operation of law, such provision is severable and the remainder of the agreement shall continue in effect.