



Payment Plan Agreement

Provider: Please include a completed Client Registration Form with this agreement and fax to your LBS biller.

THIS AGREEMENT is entered into on this ____ day of _____, 20__ by and between _____ (Client) and Larsen Billing Service, LLC for payment of deposit for services rendered by Linda Johnson, CNM and Mothers Own Birth and Women Center. Agreement must be accompanied by completed Client Registration Form. Incomplete client registration forms will prevent the initiation of this process.

- 1. TERM OF AGREEMENT.** The term of this agreement shall commence on the date above and shall continue in full force and effect until balance is paid in full and any and all insurance claims have been completed and an applicable refund has been issued to Client. (Refunds only apply when an insurance plan has paid for any of the care.)
- 2. PAYMENT PLANS.** Amount due is \$_____ for professional midwifery fees and facility fees, if applicable. After a non-refundable initial payment of \$100.00, due at the first visit, which will be applied to your \$750.00 deposit toward the total amount due for services, or \$_____ if self pay. You may pay by check, automatic withdrawal from a bank account, or credit/debit card. If paying by automatic bank withdrawal or credit/debit card, please visit our website at www.larsenbilling.com or use the LBS Payment Authorization Form. Check payments must be sent to: Larsen Billing Service, PO Box 6582, North Logan, UT 84341. Please contact Suzanne Gainey by e-mail at suzanne.gainey@larsenbilling.com or by phone at 541-318-1355 between 9-4 pacific time if you need to make payment arrangements or are having difficulty making your payments. (Please note: special arrangements will need Manager Approval.)

Amount of initial payment to midwife upon entering into this agreement: \$_____

Due date:_____ Date payment plan must be completed (36 weeks):_____

Special Instructions from midwife regarding this account:_____

Please choose one option below for your payment plan, depending on your due date you have several options. Payment in full is expected by your 36th week. Statements will be mailed on the 10th of each month and payments are due by the last business date of the month.

- 6 months to pay: (*\$_____ Deposit already paid to provider), monthly payments of \$_____ for 6 months
- 5 months to pay: (*\$_____ Deposit already paid to provider), monthly payments of \$_____ for 5 months
- 4 months to pay: (*\$_____ Deposit already paid to provider), monthly payments of \$_____ for 4 months
- 3 months to pay: (*\$_____ Deposit already paid to provider), monthly payments of \$_____ for 3 months
- 2 Lump Sum payments: (*\$_____ Deposit already paid to provider), two payments of \$_____ paid by week 36
- 1 Lump Sum payment: (*\$_____ Deposit already paid to provider), one payment of \$_____ paid by week 36
- Other Terms, please describe in detail: _____

Client Name: _____

Also, please make note of our Extended Pay Plan Option: If, by 36 weeks of pregnancy, you have been unable to pay your account in full, you may “finance” up to 20% of your initial account balance past 35 weeks (payments totaling 80% of your balance must have been received by 35 weeks in order for your midwife to attend your birth – no exceptions). This amount of up to 20% of your total balance would be subject to a monthly interest rate of 12%. You would be required to schedule up to three additional payments through automatic withdrawal from your checking or savings account to cover the remaining amount due. These are to be deducted at 40 weeks, at 4 weeks past your due date and at 8 weeks past your due date. To take advantage of this option, contact Larsen Billing Service well before your 35th week and complete all necessary arrangements.

3. **INSURANCE PAYMENTS.** If you have insurance that will be billed, any claim payments made to your Midwife will be credited to your account and any remaining credits will be reimbursed to you after finalization of all claims. This amount will be dependent upon deductible and co-insurance amounts applied to your claims. All insurance plans are different. We do not guarantee claim payment as insurance companies are continuously changing their policies and coverage. This deposit will be applied to the deductible and co-insurance amount applied by your insurance company to our claims. If deposit is not sufficient to cover these amounts, you may be billed to cover the difference. If the insurance company reimburses your Midwife directly, you may be eligible for a partial refund of the deposit. If your insurance company reimburses you directly, which is not uncommon, you agree to send copies of insurance statements to Larsen Billing Service, LLC via email, fax or mail within five business days of receipt. We will determine how much is yours to keep and how much you should send to your Midwife. It is not legal for you to profit on your healthcare; therefore, any amount reimbursed by insurance that exceeds the deposit must be forwarded to your Midwife, along with applicable amounts to cover your deductible and co-insurance. The amount of deposit has no bearing on the fees that will be billed to the insurance company.
4. **LATE PAYMENTS & OTHER FEES.** If payment is not received within 5 days of the last business day of the month (5 day grace period), a late fee of \$25.00 will be added to the balance due. Any missed payments not paid in full within 8 weeks past your estimated due date will be sent to a collection agency and will affect your credit. Collection accounts may incur additional charges as well as late fees. NSF checks will incur a \$25.00 fee to cover bank charges.
5. **SERVICES NOT COVERED BY DEPOSIT.** If you and your Midwife wish to have additional charges added to your deposit amount after this agreement is in effect, you may do so by notifying Larsen Billing Service. Your payment plan can be recalculated to allow for these additional charges.
6. **TRANSFER OF CARE.** If you choose to transfer care to another provider, or require a hospital transfer, this agreement is for the payment of deposit only. Any special circumstances as far as transfer of care and/or hospital transfer will be dealt with as per your financial agreement with your midwife. Please refer to that agreement for details.

I/we understand and agree to the Larsen Billing Service Payment Plan Agreement, payment amount, and payment schedule. I/we understand that if I/we have insurance to be billed, this agreement is still effective and any balance will remain in active payment schedule until the outstanding balance is zero. After insurance reimbursement, the credit balance will be reimbursed to me/us after all claims are finalized, as applicable.

Signature

Printed Name

Date