

Financial Statement and Agreement

This agreement is being made on the ____ day of _____, 20__ between Olivia Marshburn, CNM of Midwifery Services and _____ client.

We agree to pay Midwifery Services \$3,500 for prenatal care, homebirth services, newborn care, and postpartum follow-up, including late entry to care.

Full payment is expected by 36 weeks of pregnancy, before we go on call for your birth. Midwifery Services will bill your insurance company after delivery and will refund up to \$3,500 when insurance reimbursements are received.

Payments of \$_____ will be made _____ until the total fee is paid.

If payment is not made as specified, Midwifery Services reserves the right to terminate services.

In the event the midwife arrives after the birth as a result of rapid labor or delayed notification, payment in full is still expected and midwifery care during the postpartum period will continue. If transport to the hospital becomes necessary during the birth or postpartum period, payment in full is still expected. Hospital expenses are the parent's responsibility. If you need to change caregivers, you move or you have a preterm birth or miscarriage, a prorated fee of \$200 per visit will be charged and the fee will be based on the number of visits received.

We, the parents, understand that we are also responsible for all lab work, birth classes, birth kit/supplies, medications such as vitamin K or rhogam, and diagnostic tests such as ultrasounds that the midwife deems necessary.

The fee charged is based not only on the average number of hours shared with you, but also on hours shared by other members of our team, maintaining an office, medical supplies, continuing education to provide the most up-to-date services, educating students, etc.

We understand and agree to the terms above as our signature attests.

Parents _____

Midwife _____

Date _____

Date _____