

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 \$3500 (\$3250 for uninsured self-pay clients) for prenatal, postpartum and homebirth services, including late entry to care. The total itemized insurance bill will be \$5000-\$10,000. Anything over the fee that is reimbursed will go to Midwifery Services.

Payments of \$1000/\$500/\$250 will be made each month/week until the total fee is paid in full. Full payment is expected by 36 weeks of pregnancy (before we go on call for your birth). There are no exceptions unless an agreement is arranged and an addendum is added to this contract. 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, 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 _____

Date: _____