Women's Circle
Nurse-Midwife Services Inc.
Angela Kreider CNM
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Phone: (530) 751-2273 Fax: (530) 751-2274

Financial Statement Agreement

Women's Circle Charges for Services Covering:

- Regular prenatal visits
- Labor, birth, and immediate postpartum care for mom and baby
- Assistant fees
- Water birth tub
- Complete newborn exam
- Breastfeeding assistance
- Postpartum visits, between 3-6 visits
- Having your midwifes on call for you from 37 weeks until your birth
- Birth kit and supplies

Services NOT Included in Standard Fee:

- Ultrasound exams
- Any referred services (e.g. physician, chiropractor, etc.)
- Eye ointment and Vitamin K if desired
- California Newborn Screening
- Billing Insurance
- lab work
- Special medications such as Rhogam or antibiotics

Please initial below to document that you understand and agree to the following statements.

___ I understand that I should make payments at my monthly prenatal visits
___ I understand that all fees are required to be paid before 36 weeks unless other arrangements have been made on the financial agreement
___ I understand that if all payments are not paid by my 6 week postpartum visit, a 10% finance charge on the remaining balance will be added to my balance every 6 months that I am

delinquent and my account may be turned over to collections for additional actions which may affect my credit score.

Transport

The fee will remain the same should transport to a hospital past 38 weeks or during labor become necessary. If a client gives birth in the hospital it does not lessen the amount of time expended by the midwife. If transfer occurs we will transfer your care to the hospital and continue with postpartum care following your discharge home. In the event that you need to be transferred to the hospital during your labor, birth, or postpartum care, I/we understand that no refunds will be given and any balance left on the account continues to be my responsibility. Any transportation or hospitalization fees are the responsibility of the client.

___ I understand that if my care is transferred after 38 weeks of pregnancy, **NO** refund will be given.

Refunds

If a refund is needed due to a transfer of care or unexpected event before 38 weeks you will receive a partial refund based on the itemized list below. Please allow 60 days for the refund.

- Before 36 weeks charges will be itemized as below:

$300.00 – Initial Visit
$150.00 – Each prenatal and postpartum visit

If you transfer out of care after 28 weeks there will be a $1,000.00 flat rate fee due to the fact that you have reserved a spot for the month that your are due and it is unlikely that Women's Circle will be able to fill this spot at this late date.

- If a transfer of care occurs after 36 weeks, the client may still have the midwife at her birth in the hospital as a labor support person, in this case, NO refund is given. If the midwife will not attend the birth then a partial refund may be an option from 36-38 weeks depending on the circumstances, any refund at this point is ta the discretion of the midwife.
- NO refund is given after 38 weeks.
- In the event that the midwife does not arrive in time for the birth due to a rapid birth or client delayed notification of labor, fees will not be refunded and you are still responsible to pay for any remaining balances.
- If the patient is transferred to a medical facility during labor due to a concern on the midwife's part, the midwife will transfer care of the patient to the hospital. It will be up to the midwife's discretion whether she will stay at the hospital for the birth. She may decide to leave, as you will be cared for by the hospital staff. Your postpartum care will resume when you return home. No refund will be provided if your care is transferred to the hospital for any reason.
- If you decide during the labor process to voluntarily go to the hospital, the midwife will accompany you to the hospital and transfer your care to the MD on call. The midwife and her assistants will not stay at the hospital to care for you as you will be cared for by the hospital staff. The midwife or her assistants will resume your postpartum visits when you return home. No refund will be provided if transfer is voluntary on the part of the patient. If for some reason, you are not satisfied with our care, a formal complaint may be issued, but no refund is implied or guaranteed.
- Women's Circle reserves the rights to decline further care in the event of non-payment

within mutually agreed upon terms.

___ I/we have read and agree to all sections of this contract. It is agreed that Women's Circle is contracted for the services stated within this agreement. I/we do hereby understand and accept all information, terms, and conditions stated herein. I/we execute this contract voluntarily and with full knowledge of its significance and ramifications.
___ I/we accept the full financial obligation of all services rendered, and understand that all payments are due before the 36th week of pregnancy.

Financial Agreement

Charges for Midwifery Travel Fee: If you live 60 miles from our office (add $150)	$4,000.00
Total Discounts Available: $400 CASH (- $400) OR Previous Client (- $400)	
Total	

I agree to make a deposit of $_____ . ___ at my first visit, then payments of $ _____ . ___ at intervals of _____, all due before _____.

Alternate Agreement

Pay all applicable copays and Larsen insurance billing fee of $200.00. Our office will bill the remainder of care to the insurance. Any balance not paid by the insurance will be your responsibility.

Date	Amount Paid	Balance

I/we have read and understand this financial agreement in its entirety and have clarified any issue that was unclear. I/we have been given a copy of this

agreement for our records. I/we agree to honor this agreement.

_____ _____
Client Signature Date

_____ _____
Partner Signature Date

_____ _____
Midwife Signature Date

Patient Name: _____ DOB: _____