



Payment Agreement



Client: _____
EDC: _____

Product or Service	Price
Packages	
<input type="checkbox"/> Home Birth Midwife Package Prenatal, delivery, and postpartum care with the midwife you choose Delivery at your home, including waterbirth if desired Initial labwork and Group B Strep test Hearing Screening Test for the baby Birth Supply Kit Towel Service	\$2,100.00 + tax
<input type="checkbox"/> Bella Birth Midwife Package Prenatal, delivery, and postpartum care with the midwife you choose Delivery at BellaNatal Birthing Suites, including waterbirth if desired, 8-hour postpartum stay Initial labwork and Group B Strep test Hearing Screening Test for the baby Waterbirth, supplies, and towels are provided by the birthing suites and are included in this package. NOTE: THERE IS A SEPARATE FACILITY FEE CHARGED BY BELLANATAL BIRTH SUITES THAT IS NOT INCLUDED IN THIS FEE. This fee and this payment agreement are for your maternity care only.	\$1,600.00
<input type="checkbox"/> Birth Suites Apprentice Package Prenatal, delivery, and postpartum care with our master-midwife supervised apprentices Delivery at BetterBirth's birthing suites, including waterbirth if desired, 4-hour postpartum stay Waterbirth, supplies, and towels are provided by the birthing suites and are included in this price Facility fee for the birthing suites is INCLUDED in this price	\$1,400.00
A-la-Carte Items	
<input type="checkbox"/> Prenatal Care Only Charged by the visit, does not include prenatal lab work. For those NOT intending to deliver with BetterBirth, LLC.	Initial: FREE Subseq: \$41.00
<input type="checkbox"/> RhoGAM, Prenatal Includes basic labs for 28-week or prenatal bleed/miscarriage administration of RhoGAM and the injection. There may be an additional fee if more lab tests are required based on the outcome of initial tests.	\$35 labs \$140 inj. \$175 total
<input type="checkbox"/> RhoGAM, Postpartum Includes basic labs for postpartum administration of RhoGAM and the injection. There may be an additional fee if more lab tests are required based on the outcome of initial tests.	\$200 labs \$140 inj. \$340 total
<input type="checkbox"/> Beta Strep Antibiotic Service Includes injection or IV administration of ampicillin or penicillin G every four to six hours during labor, up to three doses.	\$65.00
<input type="checkbox"/> Newborn Metabolic Screening Test Includes initial test between 1 and 5 days postpartum, and a second test on or about the 14 th day postpartum. If you prefer, we will give you the test card to take for your pediatrician or other provider to do the second test.	\$120.00
<input type="checkbox"/> Newborn Eye Prophylaxis Includes instillation of Erythromycin ointment in the eyes of the newborn.	\$10.00
<input type="checkbox"/> Newborn Vitamin K Injection Includes injection of Vitamin K to newborn.	\$15.00
<input type="checkbox"/> Newborn Blood Typing Includes "Eldoncard" method of blood type test.	\$15.00

OVER, PLEASE

Refund/Payment Policies

All services must be paid for in advance according to this agreement. We do not bill insurance. If requested, BetterBirth, LLC will provide a completed claim form which you may submit to your insurance company for reimbursement.

The fee for your maternity care does not include any herbs, supplements, or food products that may be recommended by the midwife, or any services performed by another provider (such as physician or hospital services). The prenatal care visit fee will be charged by BetterBirth, LLC for visits to another provider if the midwife accompanies you to the visit with the other provider. This fee is in addition to the other provider's fees.

Refunds on Packages

You must notify BetterBirth, LLC prior to labor if you wish to withdraw from care. **If you have not withdrawn from care, once labor begins the full price on packages applies and there is no refund for any reason, including the following:**

- Details of the pregnancy, delivery, or postpartum made an item inapplicable, inappropriate or impossible to provide. (For example, Waterbirth Service is not provided because labor progresses so quickly that there is no time to fill the tub.)
- You did not notify the midwife you were in labor or did not call her to attend you.
- The midwife did not arrive before the baby was born.
- You transferred to the hospital during or following labor.

If you withdraw from care with BetterBirth, LLC for any reason prior to the onset of labor the price due will be the greater of the \$200 non-refundable deposit and the actual services provided as follows:

- A-la-carte price for each prenatal visit ("Prenatal visit" means any in-person visit with the midwife or her substitute, even if the visit occurs at another provider's office (e.g. for consultation with another provider or ultrasound)), plus
- A-la-carte price for any package item that has been delivered, including:

Waterbirth Service	\$100.00	Beta Strep Test	\$65.00
Birth Supply Kit	\$77.00 plus tax	Prenatal Bloodwork	\$95.00
Towel Service	\$9.00 plus tax	Birth Suite Reservation	\$100.00

- Not to exceed the price of the package

Any monies paid in addition to this amount will be refunded.

Refunds on A-la-carte Items

Items purchased a-la-carte but not delivered for any reason other than those listed above will be fully refunded. Product items that have been delivered are refundable if returned in new and unopened condition. Lab fees are not refundable once the sample has been submitted to the lab.

Refund Form of Payment

Any fees paid through a credit card will be refunded through that credit card. Otherwise, a check will be issued for the refund amount within 10 days of the request.

Payment Plan

You may design your own schedule of payments. Your payment plan must meet the following requirements: **1) \$200 non-refundable deposit must be paid upon commencing care. 2) 25% of balance must be paid by 20 weeks gestation (or upon commencement of care if care begins after 20 weeks). 3) 50% of balance must be paid by 28 weeks (or upon commencement of care if care begins after 28 weeks). 4) The entire balance due must be paid by 36 weeks gestation (4 weeks prior to your due date).**

OPTIONAL: If you want us to prepare an insurance claim form for you, please check the following:

Insurance: I understand and acknowledge that I am responsible to pay for services rendered under this agreement, regardless of my insurance coverage. I hereby authorize my midwife and BetterBirth, LLC to prepare a claim form that I may submit to my medical insurance company for services rendered throughout my maternity care. I understand BetterBirth, LLC makes no promise or guarantee regarding the reimbursability of the claim, and such reimbursement is an issue strictly between me and my insurance company to which BetterBirth, LLC is not a party. I understand that it is my responsibility to check with my insurance carrier regarding any necessary pre-authorization or pre-certification required for maternity coverage, and I understand that if my insurance requires such pre-authorization or pre-certification and I do not obtain it, they will not pay the claim. I understand that if a hospital transport is required during labor before birth of the baby, BetterBirth, LLC can only prepare a claim for the prenatal care, not for the delivery, and therefore insurance reimbursement, if any, will be lower than if the global delivery fee were billed.

Agreement

I agree to pay BetterBirth, LLC the full price and according to the terms described above. **I UNDERSTAND THAT IF I DO NOT PAY AS SCHEDULED, CARE WILL BE TERMINATED BY BETTERBIRTH, LLC, THE MIDWIFE WILL NOT ATTEND MY BIRTH, IF I HAVE RESERVED THE BIRTH SUITES THAT RESERVATION WILL BE CANCELLED AND I WILL HAVE TO DELIVER MY BABY ELSEWHERE,** and I agree to pay any balance owed within 10 days. If I do not pay the balance within 10 days, I agree to pay any and all collection costs and legal fees required to fully collect on this debt. I agree to all the terms and conditions described in this Payment Agreement.

Signature _____

Date _____

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