

Concord Birth and Wellness Center

8D McGuire St. Concord NH 03301 | (603) 228-8710

www.concordbirthcenter.com

Financial Agreement

The purpose of this contract is to clarify our relationship with regard to payment for your midwifery care. Every attempt is made to keep our costs as low as possible without compromising the integrity of our service. The base fee for your prenatal, birth, and postpartum care services (an itemization of costs is available upon request) is \$2700.00 for homebirth or \$3200.00 at Concord Birth and Wellness Center.

This fee covers:

- Routine prenatal visits (every 4 wks. to 28wks.; every 2wks. to 36wks.; every week until birth; other visits as needed)
- Care, skills, equipment and supplies provided at visits, birth, and immediately post-partum
- Routine post- partum care and home visits on day 1 and 3, office visits at 2wks. and 6wks. or as needed, incl. Newborn Screen, Birth Certificate and Pap smear
- 24h availability of midwife and/or assistant
- Back-up coverage for care by other NH Certified Midwives, as needed
- Referral and consultation with other health care professionals, as needed
- Insurance billing, per client

	Date received	Amount	Balance	Initials
I, _____				
agree to the terms stated in this Financial Agreement. My maternity care will be paid for by:				
*Insurance				
*Medicaid				
*Self-pay				
Deposit will be paid by: _____				
Client signature: _____				

Midwife signature: _____				

Date: _____				

A \$300 deposit is requested at the initial visit. The remaining amount is due by the 37th week of pregnancy. We recommend setting up a monthly payment plan. Credit card payment is accepted.

Our office participates in most health insurance plans and NH Medicaid. You will be responsible for office visit copayments, deductibles, and coinsurance amounts as indicated. If your insurance coverage does not reimburse the entire amount, you will be responsible for the remaining balance. For NH Medicaid recipients, the \$300 deposit will be applied to the assistant fee.

We are also open to bartering for services or products. Please feel free to talk to us anytime about your payment arrangements so that it can work well for all of us.

Not Included: Lab fees (incl. ultrasound), Physician or hospital fees, childbirth classes, birth assistant fee (\$400, paid at birth), RhoGam, if needed.

We plan for a successful delivery. Should we need to change our plan due to an indicated referral or transfer, the following financial considerations would take effect:

- If for any reason there is a need for, or a desire to transport to a Physician's care after labour has begun, we will accompany you to the hospital and will continue our support as much as possible, and still be expected to be paid in full.
- If you must transport to a Physician's care before labour begins, or before 37wks, we will be paid for prenatal care you received up to that point, and any post-partum care received thereafter.
- If for any reason you choose to transfer out of our care prior to labour/birth, you will be charged for the prenatal care you received and/or a refund will be made as appropriate.
- If we arrive after the delivery of the baby, as a result of precipitous (very fast) birth or delay of notification, we will still be paid in full

<p align="center">Concord Birth and Wellness Center total costs include: BASE FEE + LAB FEES + BIRTH ASSISTANT FEE</p>

These fees, schedule and agreement are customary and comparable to global billing of prenatal/antenatal/postpartum care services rendered.
Thank you!

Client signature _____ Date _____
Partner signature _____ Date _____
Midwife signature _____ Date _____