



## Financial Contract

It is agreed that Mountain View Midwives has been contracted to provide services to \_\_\_\_\_ and that payment for these services in the amount of \$ \_\_\_\_\_ is due in full by \_\_\_\_\_ (at least one month before the estimated due date).

A payment schedule is hereby agreed upon by both the client and Mountain View Midwifery.

### The terms are as follows:

- 1<sup>st</sup> payment of \$ \_\_\_\_\_ at initial appointment
- 2<sup>nd</sup> payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 3<sup>rd</sup> payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 4th payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 5th payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 6th payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 7th payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 8th payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- 9th payment of \$ \_\_\_\_\_ by \_\_\_\_\_
- Balance of \$ \_\_\_\_\_ by \_\_\_\_\_

### Other terms and conditions:

---

---

---

In case of termination of services or a decision to transfer care to another provider, an adjustment will be made whereby \$150.00 will be charged for the initial prenatal visit and \$75.00 will be charged for each subsequent prenatal and postpartum visit. Reimbursement of fees will occur within 30 days.

Midwifery services include 24 hour availability of a midwife throughout pregnancy and postpartum period, prenatal visits with a midwife, including a home visit (normal scheduling is monthly for the first 30 weeks of pregnancy and every two weeks from 30 weeks to birth), labor and birth support, newborn exam, immediate postpartum care, breastfeeding support, postpartum/newborn home visit(s) during the first week postpartum, and follow-up visit approximately 6 weeks postpartum.

One Maya Abdominal Massage is included in your global fee. In case of termination of services or a decision to transfer care, your massage will be billed at \$75.00/hour.



Midwifery services do not include additional charges, i.e. lab work (including newborn screening), physician care, hospital charges, dietary and herbal supplements, medications such as RhoGAM, childbirth classes, waterbirth tub rental, birth kit, supplies beyond those normally used, and the cost of additional supplies each client is asked to obtain for their homebirth.

In the event of complications during labor or birth, or voluntary decisions that result in hospital transport, the fee for midwifery service will remain the same. If hospital transport occurs, a midwife will arrange for the transfer of care, will accompany the client to hospital and continue to provide labor and postpartum support.

If you deliver before the midwife arrives, the fee for midwifery service will remain the same. In our experience this happens infrequently and the midwife is always on her way, usually arriving just minutes after the baby. Usually this happens if we are traveling a far distance or simply a very fast birth.

**Payment Guidelines:**

- Payments must be timely and in accordance with the above payment schedule. We would appreciate hearing from you as early as possible if you anticipate any difficulty with payment so that other arrangements can be made. Any changes must be discussed in advance and agreed upon by both midwives and parents. Changes will be noted in writing on this financial agreement.
- You can make payments at the time of your visit or send checks by mail to: Mountain View Midwifery 1208 Bland Circle, Charlottesville VA 22901. Checks should be made out to Mountain View Midwifery.
- There is a \$35.00 service charge on all returned checks.
- We accept cash, check, Visa, or MasterCard (credit card payments via PayPal) for your convenience. There is an additional 3% service fee for PayPal charges.

We agree to terms of the above financial arrangement and agree to pay the full amount regardless of insurance coverage. We agree to pay all costs of collection, included but not limited to agency fees and to pay any necessary and reasonable attorney fees incurred in the collection of my account, whether or not a suit is filed.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_

Spouse/Partner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Midwife name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Client Registration

Client's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (include city and zip): \_\_\_\_\_

SS#: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(include city, state, zip)

### **PARTNER/SPOUSE INFORMATION** (if primary policy holder)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(include city, state, zip)

### **INSURANCE INFORMATION**

Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Policy Holder:                      SELF                      SPOUSE                      OTHER

Policy #: \_\_\_\_\_ Group#: \_\_\_\_\_ Effective Start Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### **AUTHORIZATION**

I authorize release of personal information to any billing service or insurance providers in the efforts to obtain benefits for services. I authorize payment to be made directly to my providers.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_