



Contract for Midwifery Services and Financial Agreement

Happy Stork Midwifery Service LLC., represented by Jana Schenkel CNM, intends to serve prospective client(s) _____ DOB _____, who agrees to the following terms and conditions of the services by Happy Stork Midwifery Service LLC :

Statement of Fees

The fee for Happy Stork Midwifery LLC is \$3300. For this amount, you will receive:

- ❖ *A full physical exam*
- ❖ *All visits: One visit every 4 weeks until about 32 weeks
One visit every 2 weeks between 32 weeks – 36 weeks
After 36 weeks one visit every week until delivery
After 41 weeks I will perform a Non-Stress test and will see you twice*
- ❖ *Home (based on geographical area) or Office visit (Glucosa testing around 24-28 wks at BBCC)*
- ❖ *Delivery per vaginal route at Blessed Beginnings Care Center or your Home*
- ❖ *For TOLAC (trial of labor after C/S) at home or a breech delivery – additional consent needed*
- ❖ *Maternal and infant care while in the Birthing Center*
- ❖ *Well exam at 1-2 weeks after delivery and at 6 weeks*
- ❖ *Prenatal Vitamins – two bottles per Pregnancy*
- ❖ *Ultrasound – excluding gender(\$100) and if anatomy scan is desired or recommended please call Laura Gilbert CNM 574 370 8183 (\$250). If you mention that you are my Patient you get \$75 off. Recommended between 18-22 wks, Laura seen patient at BBCC and NECC.*
- ❖ *Laboratory fees for required laboratory testing*
 - *Prenatal Profile: Blood Type, Antibody screen, Complete blood count (Iron Level), Rubella titer, Syphilis screen, HIV, Hepatitis B screen, TSH, Vitamin D3*
 - *CBC (iron level) and Sugar tolerance test around 24-28 weeks, antibody screen if needed for Rh- negative mothers before administration of RhoGAM*
 - *Group B strep screening around 36wks*
 - *Any redraws will be in additional cost, I will let you know of the cost before drawing.*
- ❖ *Unlimited phone availability*

HOME BIRTH ONLY: Price will increase by \$2400 additionally to the services provided above

HOSPITAL DELIVERY ONLY : if you hire me and you would like to be delivered at the Hospital I am offering free Doula services and transportation to the Hospital including in the above mentioned price.

Retainer Fee

A retainer is required at your first visit \$500.00. I limit the number of clients I care for, therefore your retainer serves as a place holding, and guarantees my commitment to you. If an itemized bill is required after the birth of your baby the entire retainer will be applied towards the final bill.

Late Fees and Penalties

Returned Check fee is \$30. There will be a minimum charge of \$30 for any check that is returned due insufficient funds. Additional charges may also be applied when a contract is not paid in full, by the estimated due date:

- ❖ 1-30 days late \$50



- ❖ Every subsequent 30 days period with an outstanding balance – 5% late fee on remaining balance.

Insurance/Transfer of care before labor onset/Illness

Many Insurance companies and sharing plans now cover all or a portion of your Birthing Center delivery. (State insurance plans do not, like Medicaid.) If you have insurance that will cover midwife-attended Birthing Center birth, I will provide you with a super-bill at the end of my care (6wks pp). Your insurance may choose to cover the cost of your birth, minus any deductible, co-pay or out of plan provided deduction, but I cannot guarantee that. Hence I require payment as agreed during the pregnancy, regardless if you choose to contact your Insurance. You are responsible for all co-pays and deductibles.

If any abnormal conditions arise during the prenatal period which will lead to a termination of this agreement, the fee to you and on the super-bill will be prorated based upon the length of pregnancy and service provided as follow:

- ❖ \$ 150 Initial visit
- ❖ \$ 75 Routine prenatal visit
- ❖ \$ 100 per limited Ultrasound
- ❖ Labs – actual cost
- ❖ Primary care visit \$75 per visit

Transfer of Care/ Missed Birth/Miscarriage

There may develop at any time, during the course of your pregnancy, various complications which the Midwife and/or the client might not feel that it is safe to birth at the Birthing Center. You are encouraged to ask questions; I will gladly explain the reason behind any procedure or medical decision. I will arrange for transfer of your care to a hospital or physician of your choice. In an emergency, I will travel with you to the nearest hospital. If you transfer late in pregnancy, or during labor, I will accommodate you during your labor and birth into the hospital as your Doula (if possible and with permission of the hospital). While I anticipate and hope to provide you with your choice of birth experience, in the event of an emergent transfer during labor or birth to the hospital, the package price remains the same and will not be refunded. If you deliver at BBCC, the transfer is going to be Bremen Hospital.

In the event that your pregnancy ends in a miscarriage, or transfer of care occurs due to HIGH RISK pregnancy, cost will be calculated based on care provided. No retainer will be held.

I will make all reasonable efforts to attend your birth on time. Occasionally a birth happens so rapidly that I arrive after the baby is born. This does not reduce the fee. If I am occupied with another family's birth, or otherwise unable to attend, I will arrange for a midwife to attend your birth at my expense.

Other Services

Circumcisions are a common procedure for male infants, however it is a plastic surgery and is not medical necessary. This procedure is often performed for religious and cultural reasons. I do not support circumcision, however if you wish for me to perform this procedure, I charge \$200 and \$50 to the Birthing Center (supplies).

Other fees for labs:



- ❖ \$130.00 each dose of RhoGAM for those women who are know to be Rh-neg blood type. This is offered around 28 weeks and after birth if baby is Rh-pos.
- ❖ \$10.00 Blood typing for husbands of Rh negative mothers
- ❖ \$50.00 Nonstress test
- ❖ Other blood test that is needed or request during care, cost varies per test.
- ❖ HCG + progesterone - \$20 for each draw
- ❖ Pre-E lab work \$50
- ❖ Tub rental \$150 – let me know if you interested

I provide the following services outside of Pregnancy/OB:

- ❖ Primary care services;
- ❖ Well-women visits and any issues for overall women’s health from ages 12 to 65 years old;
- ❖ Contraception consultation and surveillance
- ❖ IUD, Depo-Provera injections and different kinds of birth control pills. I can help you to order the IUD, but it is your financial responsibility to obtain the IUD

Student Midwives

From time to time I may have a student midwife assisting me as part of her education. If this is the case in respect to your care, I will inform you of this during your care. All students must be supervised by a midwife. You further have the right to refuse any care performed by the student, and may inform me if you prefer no students to be at your birth.

Financial Agreement for Midwifery Care

I have read the Financial Agreement from Happy Stork Midwifery Service. I agree to pay the fee of \$3300 for a planned birth center birth and pregnancy care. I also agree to pay additionally for any further lab tests that may be required during my pregnancy or birth. I understand that we may pay in one lump-sum at any time during pregnancy or with a series of smaller payments throughout the pregnancy. If I desire like to have home birth I agree to pay \$2400 at the time of delivery.

_____ I have had the opportunity to ask questions about this agreement. I understand fully and completely this agreement and accept its terms.

_____ I will pay monthly payments of \$300 after the initial retainer is paid.

If you pay in full before 37 weeks, then you will a \$300 discount from the total which will be \$3,000.

I understand that I have a number of options to pay: by credit card, PayPal, cash, check, or Venmo.

Thank you for your trust in me as your Midwife.

Patient

Date _____

Midwife

Date _____