

Dove Charity Home Birth
Contract and Financial Agreement
(revised 08/21)

Mal Practice Insurance: Because professional liability insurance coverage would make home birth unaffordable to families, malpractice insurance is unavailable to out-of-hospital midwives. Clients are therefore active in the decision-making process during their care, and assume full responsibility for the outcome of their birthing experience.

Discount: For clients who pay in full before or by 20 weeks in pregnancy will receive a \$100 discount that will be deducted from the full fee of \$3,380. Discount for Every 4 children \$100, If you are in a low income status request the spin down discount. In the event the total amount is not paid by 36 weeks, then any spin-down discount is voided and the \$3,380 will be due.

Retainer Fee: A NON-REFUNDABLE retainer is required by your second visit \$500 or if coming in to care during you third trimester, the amount is increased to \$750 and is **part of your total**.

Primary Midwife Care: Your primary midwife will attend the majority of your appointments. She will be giving you the majority of your education and advice. She will answer the majority of your calls and texts. In the event she is at a birth, an other appointment, or out of town we will have a back up midwife, assistant or senior student assist you. Your primary midwife will make every effort to attend you in labor, once you enter active labor with contractions 5 min apart, at least 60 seconds long and 6 or more centimeters dilated. If she is unavoidably detained elsewhere then she will send a qualified back up midwife.

Additional Information

Transfers: During the course of pregnancy, birth or postpartum, it may become necessary to transfer you to the care of another provider. If the decision is made to transport you and/or baby to the hospital during your labor or immediate postpartum, no refund of our fee will be given. One of the Midwives or assistants working with us, will still be supporting you whenever possible, giving emotional, physical and educational support, during the birth, and postpartum. If prior to your 36th week, you decide to transfer or terminate care or we decide that a transfer of care is necessary for the safety of you or your baby, \$100 will be the pro-rated fee for each visit with me, plus \$300 initial chart fee. If you transfer care for non-medical reason at or after 36 weeks gestation, no monies paid to Dove Charity midwifery, will be pro-rated and/or returned.

There are no other refunds. You are responsible to **pay the full amount by 36 weeks of pregnancy, unless other arrangements have been made.** We will really try to work with you if you really want a home birth. If you register late in your pregnancy your payments will be higher to finish before the 36th week. If for some reason you are unable to pay one of your payments on time, we will try to work with you as best as we can. Communication and honest attempt to make regular payments is the key to stay in care. If 36 weeks pregnancy comes and you have not made acceptable arrangements for agreed upon payments then, you have sustained a breach of contract and we are not obligated to be on call for you or attend your birth.

Assistant Midwife and Apprentice: One of the associated Midwives and her assistant will make every effort to be at your labor and birth. Sometimes beyond our control, there is a family or personal emergency in such case, we have backup or assistant midwives in line to care for you.

I have found it valuable to have an assistant midwife, in some cases it is imperative for example but not limited to, VBACs, baby mal-positioned, first pregnancies, these being moderate risk. **I support future midwives** by training students. Please help by allowing a student during your prenatal and birth care. **Your space and privacy will always be respected.**

We do not bill insurances or give itemized bills for insurance and definitely not billing codes. We can give you a photo copy of your payment page from your chart and you can create your own document for your insurance. Billing codes are all online if you need them. We can add our signature after we review the document you create.

Childcare and House Keeping: We do not provide childcare and we do not provide house keeping chores. We want your children included if you do, but someone else will be responsible for their care. It should not be you or dad. We will clean up the mess related to the birth. We don't do laundry or dishes. Sometimes we will ask Dad to take a pool down if we get called out to another birth or yours has been a long birth. We try to leave you tucked in bed, and the only evidence of a birth is the baby in your arms. Sometimes we do a little more but it should not be expected.

Disclaimers: The client agrees to pay any costs, including court cost, associated with the collection of delinquent charges owed to Dove Charity Midwifery. Any delinquent balance after 40 weeks of pregnancy or birth of baby is subject to a 15 % monthly interest charge added to the remainder of fee each month until paid in full. The client agrees to pay \$35 fee for each

returned check in addition to any fees assessed by the midwife's bank in relation to a returned check from the client. The client relieves Dove Charity Midwifery of any financial responsibility arising from outside medical care, including but limited to care received after transfer of care or transport to the hospital. The client understands that if the bill has not been paid according to the term and scheduled payments outlined in this agreement, the midwife cannot attend the birth unless other arrangements are made in writing. The client also agrees to assume primary responsibility for the outcome of this pregnancy, birth and postpartum and to the extent permitted by law, will not hold the practice, midwife, or her assistants responsible for outcomes that are a result of complications beyond their control. The client agrees, by signing, to all of the stipulations above and below.

Our full fee is \$3,380 and includes:

- Availability for questions or concerns from start of care up to 6 weeks postpartum . Cell phone call/text availability during office hours (9am-6pm Monday thru Thursday) off hours calls and text will be handled within 24 hours, (If you have an emergency, call, leave a message and text and then wait 15-20 min and call again).
- Office/home prenatal appointments (to be scheduled every 4 weeks from 12-28 weeks, every 2 weeks from 28-36 weeks, and weekly from 36 weeks until you give birth)
- Educational lending library available, handouts, birth equipment
- If most or all prenatal visits were at the office or home, 1 prenatal appointment in your home at approximately 36-38 weeks
- Attended by midwife and assistant at your labor and delivery
- Birth kit,
- Your birth
- 1 postpartum checkup in your home approximately 48 hours after your birth
- 1 additional postpartum checkup in your home within the first week, if indicated
- 2 office/home postpartum checkups at 2 and 6 weeks (you are responsible to schedule). More postpartum checkups if necessary or indicated.
- Newborn Hearing Screen
- Ultrasound referral, if desired or indicated
- Assist Fee of \$400, (paid directly to her)
- Birth certificate and social security card completed

It does not include:

- Prenatal Labs Estimated cost is \$300
- Birth tub fee (\$40)
- Ultrasounds, extra laboratory, and diagnostic tests upon recommendation by your midwife is necessary in providing good prenatal care to the mother and baby, to aid in the detection and management of possible birth complications. Prices will vary.
- Prescription and Non-prescriptions medications, herbal and nutritional supplements needed for the mother and/or infant related to the present pregnancy and postpartum care.
- Emergency expenses that may include transportation, emergency room, physician expenses, surgery, medications; or any standard

hospital, clinical physician, nursing, or doula expenses related to the present pregnancy and postpartum care.

- Mandatory Supplemental Panel newborn metabolic screen in Pennsylvania \$39.80 paid by check at the time of draw
- Pap Smears or other Well-Woman Care

Extra fees not included in the care.

Registering after 35 weeks previous prenatal record , **payment in full and \$200.**

Or if no prenatal record can be provided after 36 weeks, extra blood work included. due to extra risk factor, payment in full and \$300

RhoGam for Rh- Mothers with negative blood factor \$150

Suturing \$80 , IV Fluids \$50 , Induction \$100, O2 \$25

Emergency anti-hemorrhage \$15

Vitamin K Injection \$15

Infant blood type \$15

Birth Pool Rental \$40

Placental Encapsulation \$75 (to Angela)

Late Fee or bounced check \$35

Transportation: Appointments in Franklin and Fulton counties will happen in your home. All other appointments will happen in my office in Adams county. Office Address is 954 Fleshman Mill rd New Oxford, PA 17350

A \$25 Travel fee will be incurred for all unplanned home visits under 40 miles and \$1 a mile for every mile over.

Financial Assistance: If you believe you are in a single or low income bracket please ask for our Spin down or sliding scale program that bases the global fee on 5.2% of your income.

Itemized Care Based on global fee of \$3,380
Used only if a refund or proof care document needed.

Non-Refundable Registration & office \$300 (may pay in two installment)

Non-Refundable Retainer Fee \$500

(Grouped Prenatal \$800)

Appointment \$100. Average 12 appointments = \$1,200.

Phone conversations or texts, per topic \$20,

Assistant fee paid to me if assistant fails to arrive,
otherwise paid directly to her at the birth, even in the
event of transport \$400

Birth \$1500

Child birth education Average 4-6 classes \$240

Longer appoints may be charged more.

Paper work like U/S orders, FMLA, copied charts etc
\$20

Total \$3,640

Agreement and Disclaimer

I have read and understand the above information
concerning financial arrangements with Dove Charity
Midwifery. I agree to fulfill my financial obligations as
outlined above. Failure to pay fees in a timely manner
may result in termination of care with Dove Charity
Midwifery.

Checks payable to Valerie R Monterrey

Acceptable methods. CashApp, Venmo, Zelle, PayPal,
Square,
health savings accounts accepted, checks, cash

I will pay \$ __Total amount__ in payments of \$ __Individual
Payment in __How many____ payments

Date __/__/__

Client: _____

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Partner:

Midwife: _____

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