Spokane Midwives

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This agreement is made between_____Client(s),
and SPOKANE MIDWIVES Practice.

Billing Insurance: If you have insurance that you would like us to process on your behalf, please note that you are required to pay your deductible, co-insurance and non-covered services prior to 36 weeks of . You are responsible for calling your insurance company and knowing your benefits, if any, that are covered for midwife services and facility fees. We are considered out of network with some insurance companies, so please be sure to verify out of network coverage. If your deductible, co-insurance and remaining balances have not been paid in full by the 36th week of pregnancy, the midwives cannot attend your birth, unless other financial arrangements have been made in writing. Upon verification of benefits, please set-up a monthly payment plan with accounting. Checks, cash, debit and/or credit cards (Visa, Discover or MasterCard) are accepted methods of payment. If you have maternity benefits, our billing service will bill your insurance company. By entering into this contract, you authorize our billing service to release health information to your insurance company for the purpose of processing your claims. Please note that there is NO GUARANTEE that your claims will pay, as some insurance plans cover midwifery services and some do not. Our billing service may bill your insurance company for the following services related to your care including, but not limited to: Initial visit, ante-partum care, global fee including delivery, intra-partum care, supplies, IV therapy, newborn exams & PKU, postpartum visits, (facility fees for birth centers). We will bill your insurance company for all applicable codes that represent the care we provide to you at usual and customary rates for those codes. If your insurance company reimburses you directly, which is not uncommon, you agree to contact us immediately. It is not legal for you to profit on your healthcare; therefore, any amount reimbursed by insurance must be forwarded to us for processing on your account. The client hereby authorizes Spokane Midwives to be paid directly by the client's insurance company and to release to them any information they might require in order to pay the claim. Any charges denied by insurance will be the client's obligation. If a transport occurs in labor, insurance companies do not pay for our birth services and you will be responsible.

Washington Apple Health Clients: If the insurance is supplied by Washington Health Care Authority, you must pick a plan that covers us. Ask which plan we prefer, as this is always subject to change. Any months the client is not covered by Apple Health, those services become the client's financial responsibility. You are required to notify us immediately of any changes in your current Medicaid and Basic Health plan.

Self-Pay Clients: The client agrees to pay Spokane Midwives $_____ according to an agreed upon plan (see below), by the date of birth for maternity care and delivery. If the client chooses to utilize the birth center for delivery, rather than a home birth, the client agrees to pay Spokane Midwives an additional $ _____, by the date of birth for use of the facility. This fee does NOT cover lab work, ultrasound or childbirth education classes. Additional expenses you MAY incur include, but are not limited to, physician consultation and prenatal testing such as amniocentesis. If we begin the birth and a transport becomes necessary, you are still responsible for our birth fees, in addition to the hospital and doctor fees. If a transfer of care happens before we start labor management, a prorated fee will be charged for the services rendered and a refund given, if applicable. Upon request, an itemized invoice for services rendered will be provided.

AGREED PLAN OF PAYMENT

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to Spokane Midwives as stated above.

Signature of Responsible Party: _____ Date _____

Signature of Midwife: _____ Date _____