



# Morning Star Birth Services, LLC

321 13<sup>th</sup> St. SE, Menomonie, WI 54751

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## FINANCIAL AGREEMENT

We believe that all women deserve the birth experience of their choice regardless of their financial status. Because of this belief, we are committed to offering affordable services. This agreement serves to establish your willingness to compensate for services, time and supplies.

A payment of \$3,000 toward professional services, regardless of birth location, is required. If you have insurance that covers your maternity and newborn care, we will bill at the Standard Rate and this payment will be applied to your balance to cover co-pays, deductibles and uncovered expenses (if any). If you are self-paying and utilizing applicable discounts, this payment will cover the midwife's services for you and your baby. The following services are included in the Global Maternity Charge:

- All routine prenatal visits
- Required classes (Early Home Care and Handling Complications)
- Home visit in the 3<sup>rd</sup> trimester (if home birth is chosen)
- Continuous care during active labor, birth and immediate postpartum
- Filing of birth certificate
- Mother's Postpartum care (day 3, 1 week, 3 week and 6 week checks)

The following services are not part of the Global Maternity Charge and will be billed separately. If you have insurance that we are filing a claim for, we will bill for these services at the Standard Rate. If you are self-paying and utilizing applicable discounts, your charges will be adjusted accordingly.

- ☆ • Non-refundable booking fee & initial visit charge- **\$300**
- ☆ • Prenatal lab work and outside diagnostic tests (i.e. ultrasounds) - **based on services**
  - Consult with backup physician- **\$0-\$150** Note: Morning Star does not bill for this.
  - Child birth classes- **\$75 at Morning Star** Note: Payment due at first class.
- ☆ • Mileage fees (if applicable)-**\$50-\$250**
- ☆ • Facility fees (**\$1,000 deposit due before birth regardless of insurance status**)
  - Medications and supplies for mother and/or baby
  - Non-routine visits or procedures
  - Supplies for home birth-**approx. \$70.00**
  - Post-partum home visits-**\$100-\$200**
  - Newborn care-**\$325-\$675**
  - Newborn screening-**\$69.50**
- ☆ • Portable birth tub rental(**\$250 deposit required to reserve**), hydrotherapy-**\$300**

☆Payment anticipated by 36 weeks for these services

Regardless of insurance status, \$300.00 is required at the first visit, which is applied to your account balance. This initial amount **must be made at your first visit and is non-refundable**. We understand that circumstances vary greatly, and are able to offer discount options. Financial hardship and timely payment discounts are available- **please ask!** We are happy to examine all options with you and will gladly accept monthly installments, but require that the professional fee deposit and the facility charge be paid **by the 36<sup>th</sup> week**. Payment of these fees does not guarantee an out-of-hospital birth.

As a courtesy to our clients, we will file an insurance claim after the birth and provide you with an Itemized Statement. If there is any overpayment when your insurance claims are paid you will receive a refund check. Please understand that we will bill your insurance company at the Standard Rate

which **is not** the same as your pre-paid deposit amount. The charges billed to your insurance company will vary somewhat depending on the circumstances of your labor and birth. The average charges for a birth center delivery range from \$7,200 - \$9,500. You are responsible for all deductibles and co-pays and **will be responsible for any portion of the fees not covered by your insurance company.** Final reduction of fees for service is available, meaning uncovered expenses can be reduced or waived at the midwife's discretion.

If by choice or unforeseen circumstance you transfer to another care provider prior to 36 weeks we will refund any money paid in advance after the deduction of:

- \$300.00 Initial non-refundable payment (\$225 Initial Visit + \$75 Booking Fee)
- \$35.00 for "no-show" appointments (< 3 hours cancellation notice)
- \$30.00 for telephone consultation outside of normal working hours (<30 min.)
- \$15.00 for telephone consultation during office hours (<30 min.)
- \$125.00 for each prenatal visit
- Lab expenses
- Any other expenses incurred during your care.

You will receive an Itemized Statement with your refund. Because of the time and planning involved in your care, no refund except the facility fee can be guaranteed after 36 weeks.

In the unlikely event that transport becomes necessary during your labor, your midwife would accompany you to the hospital and remain there with you and provide care to the extent permitted by the hospital staff. Professional services, supplies and facility fees would still be assessed and billed to your insurance at the Standard Rate. In this case for self-paying clients, you would not receive a refund because of the amount of time already invested in your care. Postpartum care is provided regardless of method or birth location.

We are happy to offer you a comprehensive alternative to institutional birth. By honoring your commitment to pay for our services, you afford Morning Star Birth Services the opportunity to continue to offer professional midwifery care to the communities that we serve.

**The following discounts apply to my financial commitment:** \_\_\_\_\_.

**I have read and understand this agreement, and have had the opportunity to ask questions and discuss it with our midwife. I agree to pay to Morning Star Birth Services (MSBS), LLC \$ \_\_\_\_\_ toward professional services, \$ \_\_\_\_\_ toward the facility fee plus lab or other expenses by the 36<sup>th</sup> week of pregnancy, and I agree to the terms outlined above. I understand that it is my responsibility to inform MSBS, LLC of any changes in our ability to honor this financial commitment in a timely manner. Finally, I understand that clear, open and honest communication between client and care provider is essential to a healthy working relationship and is central to the Midwives Model of Care.**

**Signature (Mother):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature (Husband/Partner):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client's Name (please print):** \_\_\_\_\_ **Date Payment Due (36 wks.):** \_\_\_\_\_

**Signature of Midwife (or representative):** \_\_\_\_\_ **Date:** \_\_\_\_\_