

InJoyable Birth Midwifery

Cash Financial Agreement

\$3200 paid by 36 weeks

Our global fee includes all prenatal visits, telephone consultations, 24/7 on-call service from 36 weeks of pregnancy, complete labor and delivery care, newborn exam, and postpartum and newborn care for six weeks.

Additional Fees

Travel fees apply for births outside of our standard service area: within 30 miles of the 85203 zip code

- 31-40 miles outside service area= \$200 fee
- 41-50 miles outside service area= \$400 fee

Not included in the global fee

- All diagnostic testing and non-emergency medications including but not limited to: blood work, ultrasound, newborn metabolic screening, RhoGAM, erythromycin eye ointment, and vitamin K etc.
- Custom birth kit -The cost is approximately \$60, and is a custom kit containing supplies we will use during your labor, birth, and postpartum. Order online at Confident Beginnings.
- Herbs, vitamins, supplements.
- Waterbirth supplies.
- Physician consults or care, including costs associated with a transfer to hospital.

Refunds

- You may be entitled to a partial refund if you transfer out of care prior to 36 weeks. In the event of a transfer, total fees due to the midwife are calculated as the number of prenatal visits completed multiplied by \$150. The \$500 deposit is non-refundable. Any amount you have paid over the amount due to the midwife will be refunded.
- A refund is not given for transfer of care after 36 weeks, hospital transport during or after labor, or for a fast labor resulting in midwife arrival post-birth.

Additional Information

- We reserve the right to terminate care for failure to pay.
- We require a non-refundable deposit of \$500 on your first visit, and a minimum payment of \$150 per visit, with the balance due at 36 weeks.
- We are happy to accept all major credit cards with an additional 2.75% fee.
- A \$35 fee will be assessed for each check returned for non-sufficient funds.

My Financial Agreement

I acknowledge that my rate for the services described above is \$3200 + _____ travel fee = \$_____, to be paid in full by 36 weeks.

I, _____ understand and agree to the terms as written above.

Client

signature _____ Date _____

Midwife

signature _____ Date _____