



InJoyable Birth Midwifery Financial Agreement - Insurance

InJoyable Birth Midwifery (IBM) agrees to provide routine prenatal care (including one home visit), 24/7 on-call availability from 36-42 weeks of pregnancy, labor and delivery, postpartum and well-newborn care for six weeks after birth. IBM is an out-of-network provider and will bill your insurance as such for all services rendered to mother and baby following the birth or when a transfer of care occurs. The billed charges will vary depending on your course of care. In order to provide you with an estimate of the maximum amount you may be balance-billed after insurance payment is rendered, IBM agrees to limit the amount you are balance-billed to equal a total payments from all sources to \$3,200 plus any applicable travel fee. *(Example: If your out of pocket responsibility is \$2,000 with no travel fee and insurance makes a \$1,000 payment, you will be balance-billed for \$200, bringing the total of payments to \$3,200.)* Because IBM pays Favored Medical Billing Services (FMBS) for billing services per client, and payment in full for services rendered is delayed when billing insurance, IBM is entitled to all insurance payments even if this causes the total of payments to exceed \$3,200.

Client Responsibilities

- You will submit all insurance information and pay for a benefit verification through FMBS.
- You must inform IBM immediately of any changes in your insurance plan. You will be responsible for obtaining a new benefit verification through FMBS at your expense.
- A travel fee will apply for clients outside our standard service area of within 30 miles of the IBM office. This fee is due by 36 weeks, is not covered by insurance, and does not apply toward the minimum \$3,200 total of payments. Fees are as follows: 31-40 miles outside service area = \$200 travel fee. 41-50 miles outside service area = \$400 travel fee.
- Payment schedule: A non-refundable deposit of \$500 (applies toward your out of pocket responsibility) is due at your initial visit, with minimum payments of \$150 per visit until your out of pocket responsibility plus applicable travel fee is paid in full by 36 weeks.
- Insurance payments shall be direct to IBM. If your insurance company sends any checks to you in error you shall immediately notify IBM, endorse the check(s) and forward with all accompanying documentation to IBM. To endorse a check, sign your name on the back of check and write "pay to the order of InJoyable Birth Midwifery" below your signature. Clients with BCBS insurance please be advised that this is a common occurrence with BCBS.
- If your out of pocket responsibility plus insurance payment does not reach/exceed \$3,200 plus travel fee, you will be balance-billed and agree to pay the difference to IBM within six weeks.

Items Not Covered By Payments Made to IBM

- All diagnostic testing including but not limited to: blood work, ultrasound, newborn metabolic screening, etc. The respective labs/providers may bill your insurance.
- Required birth kit : the cost is approximately \$60, and contains supplies we will use during your labor, birth, and postpartum. IBM will provide instructions for how to order online.
- Water birth supplies.
- Physician/CNM consults or care, and costs associated with a transfer to hospital. These providers and/or facilities may bill your insurance.

Refunds

- You may be entitled to a partial refund for care transferred out of IBM prior to 36 weeks. In the event of a transfer of care for any reason, including falling outside IBM's scope of practice, total fees due are calculated as the number of prenatal visits completed multiplied by \$150 plus the non-refundable \$500 deposit.
- A refund is not given for transfer of care for any reason after 36 weeks, hospital transport during or after labor, or for a fast labor resulting in midwife arrival post-birth.

Additional Details and Information

- IBM reserves the right to terminate care for failure to pay.
- IBM is 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.

Financial Agreement

Out-of-network deductible: \$ _____

Co-insurance: % _____ = \$ _____

Travel fee: \$ _____ (Doesn't count toward \$3,200 min. total of payments)

+ _____

Total out of pocket responsibility = \$ _____

I, _____, acknowledge that my total out of pocket responsibility indicated above is due by 36 weeks and that if under any circumstance the total of payments received by IBM including amounts paid by myself and my insurance company total less than \$3,200 plus any applicable travel fee, I will be balance-billed for the difference by IBM and agree to pay any outstanding balances within 6 weeks. My signature below confirms that I have read, understand, and agree to the terms of this financial agreement as written above.

Client signature: _____ Date: _____

Midwife signature: _____ Date: _____