



CAROLE NIGHSWANDER | Registered Midwife

FINANCIAL AGREEMENT

THIS IS A FINANCIAL CONTRACT BETWEEN AHMAVINE MIDWIFERY AND _____ . THE FEE FOR AHMAVINE MIDWIFERY SERVICES IS \$3800.00 DUE BY THE 36TH WEEK OF PREGNANCY. THERE IS A \$350.00 NONREFUNDABLE FEE REQUIRED AT THE INITIAL EXAM, WHICH GOES TOWARD THE FULL FEE OF \$3800. THERE IS A RECOMMENDED PAYMENT OF \$400 AT EACH SUBSEQUENT PRENATAL VISIT. IF THERE ARE SPECIFIC PAYMENT PLAN ARRANGEMENTS, THEY ARE TO BE EXPLAINED BELOW:

MY MIDWIFERY CARE WILL BE PAID FOR BY: (CIRCLE ONE)
*PRIVATE INSURANCE *MEDICAID *CHP *SELF-PAY
DEPOSIT WILL BE PAID BY: (INITIAL VISIT) _____

THIS SERVICE DOES INCLUDE:

- AN INTERVIEW BETWEEN PROSPECTIVE CLIENTS AND MIDWIFE.
- PRENATAL VISITS ONCE A MONTH UNTIL 28 WEEK, EVERY OTHER WEEK UNTIL THE 35TH WEEK, AND ONCE A WEEK UNTIL DELIVERY. AS WELL AS ANY OTHER VISITS TO ENSURE WELLNESS.
- ACCESS TO BOOK AND VIDEO LENDING LIBRARY.
- HOME VISIT AT 35-36 WEEKS.
- BACK-UP COVERAGE FOR CARE BY ANOTHER CERTIFIED MIDWIFE, AS NEEDED
- REFERRAL AND CONSULTATION WITH OTHER HEALTH CARE PROFESSIONALS, AS NEEDED
- ATTENDANCE AT YOUR HOME FOR LABOR/DELIVERY/POSTPARTUM BY ME, AND ANOTHER LICENSED MIDWIFE OR ASSISTANT IF AVAILABLE.
- BIRTH ASSISTANT FEE OF \$350 DUE TO ASSISTANT
- 24/7 ON CALL AVAILABILITY FROM 37 WEEKS TO 2 WEEKS POSTPARTUM UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.
- AT LEAST 2 HOME VISITS POSTPARTUM AND 3 POSTPARTUM /WELL BABY VISITS AT THE OFFICE.

THIS SERVICE DOES NOT INCLUDE:

- ALL LABORATORY FEES. (AT LEAST \$150 -SUBJECT TO CHANGE AND DUE DIRECTLY TO LAB)
- YOUR PERSONAL SUPPLEMENTS, VITAMINS AND HERBS.
- BIRTH KIT.
- BIRTH TUB AND SUPPLIES IF AVAILABLE.
- NEWBORN SCREEN FEE.

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● BIRTH CERTIFICATE FEE.

● ULTRASOUND.

● DOCTOR AND HOSPITAL FEES

*IF FOR ANY REASON A CLIENT CHOOSES TO LEAVE OR TRANSFER CARE FROM AHMAVINE MIDWIFERY BEFORE 37 WEEKS, YOU WILL BE REFUNDED ACCORDINGLY. YOU WILL BE CHARGED THE NON-REFUNDABLE \$350.00 INITIAL FEE AND \$175.00 PER PRENATAL VISIT. THERE ARE NO REFUNDS AFTER 37 WEEKS OR FOR HOSPITAL TRANSFERS AFTER THAT TIME.

WE PLAN FOR A SUCCESSFUL DELIVERY. SHOULD WE NEED TO CHANGE OUR PLAN DUE TO AN INDICATED REFERRAL OR TRANSFER, THE FOLLOWING FINANCIAL CONSIDERATIONS WOULD TAKE EFFECT:

● IF FOR ANY REASON THERE IS A NEED FOR, OR A DESIRE TO TRANSPORT TO A PHYSICIAN'S CARE AFTER LABOR HAS BEGUN, WE WILL ACCOMPANY YOU TO THE HOSPITAL AND WILL CONTINUE OUR SUPPORT AS MUCH AS POSSIBLE, AND STILL BE EXPECTED TO BE PAID IN FULL.

● IF YOU MUST TRANSPORT TO A PHYSICIAN'S CARE BEFORE 37 WKS, WE WILL BE PAID FOR PRENATAL CARE YOU RECEIVED UP TO THAT POINT, AND ANY POST-PARTUM CARE RECEIVED THEREAFTER.

● IF FOR ANY REASON YOU CHOOSE TO TRANSFER OUT OF OUR CARE PRIOR TO LABOUR/BIRTH, YOU WILL BE CHARGED FOR THE PRENATAL CARE YOU RECEIVED AND/OR A REFUND WILL BE MADE AS APPROPRIATE.

● IF WE ARRIVE AFTER THE DELIVERY OF THE BABY, AS A RESULT OF PRECIPITOUS (VERY FAST) BIRTH OR DELAY OF NOTIFICATION, WE WILL STILL BE PAID IN FULL.

● IF FOR ANY REASON A CLIENT CHOOSES TO LEAVE OR TRANSFERS CARE FROM, AHMAVINE MIDWIFERY, BEFORE 37 WEEKS, YOU WILL BE REFUNDED ACCORDINGLY. YOU WILL BE CHARGED THE NONREFUNDABLE \$350.00 INITIAL FEE AND \$175 PER PRENATAL OFFICE VISIT AND \$250 FOR ANY HOME VISITS.

★PRIVATE INSURANCE:

CLIENTS WHO HAVE PRIVATE INSURANCE ARE EXPECTED TO PAY MY REGULAR FEE AND WE WILL ALSO BILL YOUR INSURANCE AFTER THE BIRTH. WHATEVER YOUR INSURANCE PAYS I GIVE BACK TO YOU (MINUS 8% FOR THE BILLER IF YOU USE THEM).

★CHP + AND NEW MEXICO MEDICAID RECIPIENTS:

AHMAVINE MIDWIFERY IS A CONTRACTED HEALTH PLAN PROVIDER. IF YOU HAVE CHP+ OR NM MEDICAID, YOU WILL BE RESPONSIBLE FOR OFFICE VISIT CO-PAYMENTS, AS INDICATED. CHP AND NM MEDICAID WILL NOT COVER THE MIDWIFE'S ASSISTANT. THEREFORE \$350 IS DUE AT THE INITIAL VISIT TO COVER THE ASSISTANT FEE. IN THE EVENT OF A HOSPITAL TRANSFER DURING LABOR AND DELIVERY YOUR INSURANCE WILL ONLY REIMBURSE TO ONE CARE PROVIDER. THEREFORE, YOU ARE NOW RESPONSIBLE FOR AHMAVINE MIDWIFERY FEES ASSOCIATED WITH THE TIME SPENT AT YOUR HOME PRIOR TO TRANSFER/TRANSPORT. THERE IS A \$100/HR FEE DUE TO AHMAVINE THAT WILL CAP AT \$1800 FOR LABOR/POSTPARTUM CARE.

★COLORADO MEDICAID DISCOUNT

AHMAVINE MIDWIFERY CANNOT CONTRACT WITH COLORADO MEDICAID, THEREFORE I OFFER A SLIDING SCALE DISCOUNT TO CLIENTS WHO HAVE QUALIFIED FOR CO MEDICAID.

I AGREE TO THE TERMS OF THIS FINANCIAL AGREEMENT.

CLIENT SIGNATURE _____ DATE _____

PARTNER SIGNATURE _____ DATE _____

MIDWIFE SIGNATURE _____ DATE _____

FINANCIAL RECORD

