



La Matriz B I R T H

Financial Agreement

La Matriz Birth Services offers Maternity Services as a global fee.

This fee includes all of your basic care and assures you a reserved date for when you are due on my calendar. **The full global fee for a birth with La Matriz Birth Services includes the standard midwifery antepartum, delivery, and postpartum care.** Basic prenatal lab work may be covered by your insurance, paid out-of-pocket to La Matriz Birth Services, or done with another care provider. Additional charges may include, but are not limited to: visits with a physician or other allied health professional, education classes, medicines and nutritional supplements, doulas, supplies, lab charges for additional lab work, transport and hospital charges, diagnostic testing and additional maternity or newborn care. Certain lab work and screening(s) are required to be offered by the State of California and may result in referrals and additional expenses to the client. Total fees may be tax deductible as standard medical expenses. **There are no refunds for precipitous births, transfer to hospital for mother and/or baby, or if another care provider should be called in for La Matriz Birth Services and/or the assistant(s).** If hospitalization becomes necessary after 36 weeks of pregnancy, we understand that the midwife's services continue as supportive care, and the standard midwifery care will continue when the client returns home.

If care is begun at 36 weeks of pregnancy, or thereafter, for maternity services, the full global fee is due, in full, at the first initial prenatal visit.

I offer midwifery care to you throughout your pregnancy, birth and postpartum period.

While I can guarantee midwifery care during this time, I cannot guarantee an out-of-hospital birth experience. At times, due to circumstances outside of anyone's control, a mother may need to be transferred to the hospital for the safety and wellbeing of either her or her baby. If this should happen, La Matriz Birth Services will continue to provide support and information to help make the transition as smooth as possible. La Matriz Birth Services or a team member of will be available to stay with the mother until the immediate postpartum period at the hospital and continue on the midwifery schedule of visits postpartum.

In the unlikely event that I am not able to attend your birth due to unforeseeable circumstances or "act of God" (such as another labor, inclement weather, personal illness, injury, or a family emergency) I will provide a competent and reliable backup midwife at no additional cost to you. By accepting and trusting me as your care



provider you must also accept and trust those backup care providers that I trust. While it is my desire to be able to provide care for you during your entire pregnancy and birth, unexpected situations do come up and I cannot guarantee that I personally will be at your birth. I can, however, guarantee that your needs will be met through whatever means necessary. No refunds will be made regardless of the care provider present at your birth.

Fees

Global Professional Fees for Midwifery Service, Home Birth: \$4444

Non refundable Deposit: \$500

Birth Roots Birth Center Facility Fee - \$700

My full global fee includes:

- 24/7 availability for questions or concerns from start of care up to 6 weeks postpartum
- Office prenatal appointments to be scheduled every
 - 4 weeks from 8-28 weeks,
 - Every 2 weeks from 28-36 weeks
 - Weekly from 36 weeks until you give birth
- 1 prenatal appointment in your home at approximately 36 weeks
- Your birth
- 1 postpartum checkup in your home approximately 48 hours after your birth
- 1 additional postpartum checkup in your home within the first week, if indicated
- 2 office postpartum checkups at 2 and 6 weeks (you are responsible to schedule)
- Ultrasound referral, if desired or indicated

Insurance Reimbursement & Prepayment

Do you plan on submitting an insurance reimbursement claim? YES _____ / NO _____

If so, you will need to review and sign the **Insurance Reimbursement & Prepayment Agreement**. Please make sure to add all your insurance information the Client Care Client Portal.

Medical Loan

Do you plan on using the United Medical Credit Program? YES _____ / NO _____

If so, you will need to review and sign the **Medical Loan Agreement**.





Refunds and Transferring Care

If there is a need to refund monies that have been paid out for maternity services for midwifery care, it will be prorated, minus the nonrefundable deposit, care received, at the standard full service rate for all care incurred. If the client transfers out of La Matriz Birth Services care during the pregnancy before 36 weeks, the care will be itemized as follows: Initial visit \$275, considered first two visits; Prenatal Visits \$150 per visit. I will refund in form of check within 60 business days of the close of care.

Should you decide to transfer care, or should it become necessary, after your 36th week, but prior to labor there will be no discount or refund, as the practice plans its schedules with your due date in mind (and may have possibly turned down other clients). Should it become medically necessary to transfer your care prior to 36 weeks, I will prorate per visit.

Payment Schedule

All fees are due in full by 36 weeks of pregnancy. After paying your initial deposit, you can pay the balance in installments. Your payment schedule is outlined below. **The non-refundable \$500 deposit is due within your first two initial visits. You are expected to make a minimum payment of at least \$150 at each prenatal visit after your initial visit(s) based on your full fee owed.** All payments must be made on the agreed upon date. If you experience an unforeseen hardship during your pregnancy while in care with me, please let me know immediately, it is in my interest to work out financial arrangements. A late fee of \$50 will be applied for payments not received within one week of the agreed scheduled date. Returned checks will be subject to a \$35 fee in addition to the late fee.

I/We, _____, agree to pay La Matriz Birth Services a non-refundable deposit toward care of \$500 due at first initial prenatal visit. Full balance of \$3944 is due by the 36th week of pregnancy.

Date: _____ .

Payment Methods

You will receive an electronic invoice through my QuickBooks Invoicing system. You may make payments through Quickbooks with electronic checks (preferred), debit and credit cards. You may also make check or cash payments at your visits. All payments will be recorded on your QuickBooks invoice which you may use as your receipt of payment.

Liability Insurance

Because professional liability insurance coverage would make home birth unaffordable to families, malpractice insurance is unavailable to out-of-hospital midwives. Clients are therefore active in the decision-making process during their care, and assume full responsibility for the outcome of their birthing experience.





Waiver and Release of Liability for Birth Center

I, _____, HEREBY WAIVE AND RELEASE Birth Roots Women's and Maternity Center and all agents of, from liability pertaining to the use of the birth center. I understand that by signing this Waiver and Release, I expressly and willingly agree to assume complete responsibility for any risk of injury that may arise while at Birth Roots Birth Center. I waive all claims for damages, injuries and death sustained to me or my property, that I may have against the above named released party relating to such activity.

Penalties for Noncompliance of Agreement

La Matriz Birth Services reserves the right to terminate care for noncompliance of this agreement. Failure to pay in full by the agreed upon date(s) above outlined will result in late fees, interest accrued on the balance owed to date, and up to and including the release of La Matriz Birth Services and its staff from responsibility to be on call for your home or birth center delivery. Prenatal records will be made available to the mother. The client and the midwife accept and agree to the responsibility for the terms outlined above.



By signing below, you are acknowledging that you have read this agreement in its entirety and have agreed to the terms stated above.

_____	_____	_____
Mother's Signature	Mother's Name	Date
_____	_____	_____
Partner's Signature	Partner's Name	Date
_____	<u>Bianca Mercado L.M. CPM</u>	_____
Midwife's Signature	Midwife's Name	Date

