



A Birth To Remember[®]
Childbirth Services
www.abirthtoremember.com 540.219.7375

Fees: As the primary care provider for you and your newborn, Heather Eckstein's fee includes care beginning with your initial prenatal visit and ending at 6 weeks postpartum. This fee includes the labor and birth. A typical hospital birth comes at an average cost of \$10,657 in the United States. This is the average cost for a vaginal hospital birth without complications and costs can be much higher if there are complications (<http://transform.childbirthconnection.org/resources/datacenter/chargeschart/>).

Total Fee for Maternal & Newborn Care: \$3500

Includes the following, as detailed in the Standards of Practice document:

- Initial prenatal visit, primary prenatal care visits, and home visit (around 36 weeks)
- Labor and delivery, including immediate postpartum care
- Primary postpartum care (for the first 6 weeks after birth) and IBCLC lactation support
- Primary immediate and follow-up care for the newborn (up to 6 weeks of age) including any resuscitation necessary at birth and a complete newborn physical assessment
- Suturing, hydrotherapy, medical supplies and some medications
- Newborn screenings (CCHD screening, breastfeeding oral assessment) and filing of birth certificate

Additional fees not included in standard fee:

- Lab work, billed to your insurance by LabCorp or by our practice for cash pay patients
- Hearing screening required for the newborn
- Metabolic screening (\$70 in GA)
- Birth kit, birth pool liner, and household supplies
- Supplements, herbs, medications, etc.
- Doula, if desired
- Childbirth classes (if this is your first homebirth)
- Placenta encapsulation, if desired
- RhoGAM injection if Rh-negative (\$150)
- Ultrasounds, as medically indicated or as desired by the family
- Any referred services from another provider, subject to their fees and insurance billing

Transfer of care and transport in labor: If a transfer of care occurs for any reason (including changes in risk factors, medical reasons, change in desired birth location, etc.) at any time, I understand that I will be billed for services rendered.

Initial visit: \$500

Follow-up visits: \$150

If there is a transfer during labor for client request or medical necessity, the full fee will be owed. There will be no discounts or refunds for transfer to the hospital during labor for any reason. Heather Eckstein and/or one of her assistants will continue to provide doula and/or midwife support as required by the situation, and will continue with my postpartum care as soon as I am discharged from the hospital.

Lab work: Lab work is a required component of quality maternity care that is provided by an independent lab, which may or may not be in-network with my insurance company. I understand that if my lab work is billed to my insurance, it will process according to my plan benefits, and may be denied. The lab will balance bill me for this service, and it will likely exceed the direct pay price to my midwives.

Out of area clients: One prenatal home visit and 2 postpartum home visits (within 3 days of the birth) will be offered for clients living within a 30-minute drive of the office. Clients living outside of a 30-minute driving radius will be billed an additional travel fee of \$200.

Payment: A Birth To Remember accepts cash, check, credit card, and a link to pay online directly from a checking account. Monthly statements are emailed to all patients owing a balance. Payment of the initial visit fee (\$500) is due at the initial prenatal visit. The remaining balance is due by 36 weeks of pregnancy. A discount of \$300 is available for accounts paid in full by 30 weeks of pregnancy.

Past due accounts: If I have not discussed a plan for extended payments of my balance, any balances that are 30 or more days past due will incur a 12% annual finance charge. Balances that are 90 days past due or more may be turned over to a collections agency. I understand that if my case is turned over to collections, my account will continue to accrue the finance charge of 12% APR until the balance is paid in full.

Disclaimer: We relieve A Birth To Remember and Heather Eckstein of any financial responsibility arising from medical care. We agree to assume primary responsibility for the outcome of this pregnancy and birth and to the extent permitted by law, and we will not hold the practice, midwives, and her assistants responsible for outcomes that are a result of complications beyond their control. We view pregnancy and birth as a normal physiological process, and we understand that our midwives are acting within their authorized and legal scope by providing clinic and home care, and out-of-hospital birth.

Entire Agreement: Unless modified in writing, this document contains the entire agreement between the parties, and no other promises or representations have been made. If any portion of this agreement is rendered or held unenforceable or unlawful by operation of law, such provision is severable and the remainder of the agreement shall continue in effect.

Parties: This agreement is made between _____
(PLEASE PRINT PATIENT'S NAME)

and A Birth To Remember childbirth services/Heather Eckstein.

This is to verify that we have read and understand the above financial agreement and have agreed to fulfill our obligations to A Birth To Remember childbirth services as stated above.

_____ I understand that extra services described above as "additional fees" that can occur will be billed when the service is rendered.

_____ I understand that a payment of \$500 toward my patient responsibility/care is required at my initial prenatal visit.

_____ I understand that a second payment of \$500 toward my patient responsibility/care is due by my 20th week of pregnancy which is _____.

_____ I understand that the final payment of \$2500 toward my total fee is due by my 36th week of pregnancy which is _____.

Client signature: _____ Date: _____

Partner/spouse signature: _____ Date: _____

Midwife signature: _____ Date: _____