



A Midwife for Better Birth

Dana Savage, RM, CPM

1840 Deer Creek Road, Suite 204, Monument, CO 80132

719-481-4848 or 719-332-0331 FAX: 719-487-8088

FINANCIAL AGREEMENT

Client Name _____

Address _____

Phone# _____ Client# _____

#1 _____ \$3000.00 Installment payments made at each prenatal visit with the balance paid in full by 36 wks.

#2 _____ \$2900.00 Payment in full by 30 wks.

#3 _____ \$2800.00 Payment in full by 20 wks.

#4 _____ Third party reimbursement will be discussed on an individual basis.

A deposit of \$350.00 is required at your first prenatal visit. Deposit is applied toward your total fee.

Ultrasounds are not always necessary, but at the time one becomes necessary or is preferred by the client for gender determination/or peace of mind, the fee will be discussed at that time.

This agreement must be signed, dated and returned at your next prenatal visit.

Signature(s) of person(s) responsible for payment:

_____ Date _____

_____ Date _____

Midwifery Care Provider (witness) _____ Date _____

A refund policy is in place in the event your care must be transferred to a physician due to complications that make Homebirth an unsafe alternative for you and/or your baby. No refunds are made once labor begins.

My service agreement to you includes but is not limited to the following:

You will receive quality prenatal care every three weeks until the 28th week, when your pr-natal care will be every 2 weeks until the 36th week, at which time I will see you every week until you deliver and more often if necessary. Each prenatal visit is usually 1 hour in length. Besides developing our rapport, each visit will consist of a routine health check (blood pressure check, pulse, weight, nutrition, palpation of baby, fundal height, baby's heart tones) and an opportunity for you to have your questions answered.

When you are in labor, you will call me, and when you are ready for me to be with you I will come to your home. I will support you and care for you during labor, assist you in the delivery of your baby, remain with you for approximately 2-4 hrs. after your birth to monitor you and your baby making sure that both of you are stable, that you have been nourished, that your baby is nursing, that you are not bleeding excessively, that your blood pressure is stable, that your baby's temperature, heart rate, and respirations are stable. I will help you with your bath or shower after the birth and change your sheets on the bed. I will leave your birth place neat and tidied.

Once you have delivered, I will see you again for approximately 5 more visits postpartum. The first postpartum visit will be on the first day after delivery, then the third day, the tenth day, three weeks and six weeks. If everything regarding your health and the baby's health related to pregnancy, birth and the postpartum period are found to be normal, I will release you from my care at that time. If you are interested in a Pap smear at your six-week visit, that can be arranged.

REFUNDS:

If you transfer out of my care before 34 weeks of pregnancy, for any reason, a refund will be made to you based on the following fees:

- \$350.00 - Deposit applied toward total fee
- \$65.00 for each prenatal visit
- \$150.00 for initial lab work
- \$20.00 for any subsequent lab work
- \$300.00 for midwife accompanying you to the hospital prenatally or for birth
- \$65.00 for each postpartum visit
- \$65.00 for newborn care
- \$65.00 per hour of labor assistance

These fees will be computed and deducted from fees already paid. If you have a balance on your account, the same formula will be used and settled at that time.

NO REFUNDS:

If on or after 34 weeks of pregnancy you need to transfer from my care for any reason, I and/or my assistant will accompany you to the hospital. We will transfer your records to the attending physician and stay with

you until the birth of your baby. Your postpartum care will be on the same schedule as had been planned before the transfer of care for your birth.