

HOMEBIRTH CONTRACT 2023-2024

Complete maternity care includes all prenatal visits, support during labor and birth, evaluation and care of the newborn, and postpartum visits. Prenatal visits average 40 – 60 minutes and include at least one home visit. Postpartum care includes attendance for several hours after birth until mom and baby are both deemed stable, two home visits within the first week, and office visits offered at three weeks and six weeks. Our practice provides you with 24/7 on-call availability and phone consultations. Newborn screening and birth certificate submission are also completed.

The global maternity fee for the above listed services is **\$7500.00** which is forgiven to **\$6500.00** for our clients who pay in full by 36 weeks. If you are outside of 30-45 minutes from Rochester NY, **\$200 extra** for time and fuel is charged in addition to the **\$6500.00**. An initial non-refundable deposit of **\$1000** is due with this signed document. See billing agreement regarding insurance and reimbursement.

Our fee does not include: laboratory tests, sonograms, medications, consultations with additional care providers, or hospitalizations. Providers and facilities rendering any additional care will bill your insurance company directly. In addition, all families are encouraged to attend a childbirth education class and to contract with a doula to provide additional emotional support during their labor. You will also need to purchase the required birth kit and any additional supplies or comfort measures you desire.

In the event of a non-emergent or emergent transfer during labor, I will continue to serve as your CNM and collaborative primary care provider. If you require a higher level of care we will continue to support you (accompany to hospital, present chart to hospital staff, participate in plan and support you from bedside or phone depending on situation) then, we will provide your home postpartum care. **A refund will not be provided in this situation.** If you require a medically-necessary transfer to another care provider prior to 36 weeks, a partial refund will be offered at our discretion.

Please agree to one of the following payment plans. **Payment is due in full by 36 weeks to ensure we are on call for your birth month.** A non-refundable deposit of \$1000 at first visit to secure service, plus:

- ☐ **One additional payment of \$5500 by 36 weeks**
- ☐ **5 payments of \$1100 by 36 weeks**
- ☐ **(Other agreement) _____**

***HMO MEDICAID PLANS** discounted pre pay of \$5500.00, **MUST** see and sign additional contract for terms of coverage/ non coverage.

You may pay with Cash, Personal Check, HSA or Credit Card. If payments are made by credit card, reimbursements will reflect any incurred service charges. CHECK is preferred to avoid service fees, which are charged to our clients.

I have received the Homebirth Financial Terms. I have read the above and agree to the terms of this Contract.

Client

Partner

Date

Brigitte Rhody, Certified Nurse Midwife

Date
