

Sacred Midwifery
Zaina Keeley, CPM, LM

Financial Agreement

My work as a midwife is a very special job and so much more. In order for me to be available for you all throughout your pregnancy with questions and concerns, and to attend your labor, birth and postpartum, I request that payment be made in a timely and dependable manner. I am more than happy to work with your particular circumstances.

I would like the time around your birth to be centered on you, your baby, and your family. **Therefore, the fee for your care must be paid in full by your 37-week visit.** I realize this expense may take planning and preparation so it is important to have a clear financial plan developed at the beginning of your care.

The fee for midwifery care is \$3500. The first \$500 is a non-refundable deposit due at the contract of services and will be applied toward your balance. I welcome individual payment plans that we both agree upon.

Midwifery services include:

- Availability of midwife all throughout pregnancy and postpartum period
- Prenatal visits with midwife- once a month until 30 weeks, then every one or two weeks until the birth, unless a different schedule is agreed upon
- Labor and birth support
- Immediate postpartum care
- Newborn exam and newborn screenings
- Breastfeeding support
- Postpartum/newborn home visits during first week postpartum
- Follow up visit at approximately 6 weeks

Fee does not include:

- Birth kit \$38
- Newborn metabolic lab \$40 (optional)
- Birth Pool rental \$100 (optional)
- Lab work & Ultrasounds
- Any referred charges

Transport

The fee will remain the same in event of a transport to the hospital at any point beyond 37 weeks and/or during labor. If this occurs, the midwife will continue to offer support where possible until care is transferred to an attending physician. She may follow up with postpartum care in the home after the birth if appropriate. If care is transferred before 37 weeks, a breakdown of services rendered will be charged.

Disclaimer

We relieve the midwife of any financial responsibility arising from outside medical care. We understand that if our bill has not been paid according to the terms of this agreement our midwife cannot attend our birth unless prior arrangements have been made. We also agree to assume responsibility for the outcome of this pregnancy and birth, and to the extent permitted by law, will not hold the midwife and assistants responsible for outcomes that result from complications beyond their control. We view pregnancy and birth as a normal physiological process and we understand that our midwife is acting within her authorized scope by assisting and supporting us in our decision to birth at home.

Payment Options:

- Payment in full
- \$500 deposit, two half payments of balance, \$1500 each, in full by 37 weeks
- \$500 deposit and payment monthly of \$500, in full by 37 weeks
- \$500 deposit, three payments of \$1000 each, in full by 37 weeks
- Other:

Based on the stated terms and conditions, we agree to fulfill our obligations under this agreement.

Client _____ Date _____

Spouse/Partner _____ Date _____