

There are three payment plans for working with Laura M Roe/CPM, LDM. Please choose one of the following options which work best for you. Each of the plans include the following:

Complete, routine prenatal care and support

Routine Labor and birth support at your home, with a primary midwife and an assistant.

E-mail and phone availability. 24hr. urgent care response. On-call from 37 weeks.

The fee does not include laboratory fees, and/or any ultrasounds, recommended nutritional supplements such as vitamins and herbs, newborn diagnostic tests, childbirth classes any additional charges for medical consultation and/or care, or emergency transportation should a transfer of care be necessary at any point prenatally, in labor and/or postpartum.

It is also important to note, that in some situations, when care is not "routine", there will be extra charges accordingly. Please note that there are many insurance policies which cover my services. It is my recommendation that you call early in pregnancy for a pre-approval. If you have been pre-approved, a deposit ranging between 10 and 20% will be requested. If, in the end, the insurance does not pay, you are still responsible for full payment.

Plan A; This plan is if complete payment is made prior to your due date (37 weeks gestation). It is \$4000. Please note that this is almost a 10% discount for paying in advance. Please plan your finances accordingly and develop a proposed payment plan with me. Please make one that will work for you to follow through with.

Plan B; This plan is if payment is to be arranged after your birth. The full payment is \$4300. If neither of these plans work for you, I am happy to discuss alternative financial options with you.

A \$500 deposit is requested at the first visit, independent of further plans.

#### FINANCIAL AGREEMENT

I agree to pay plan A/B/C (circle one) for the above mentioned midwifery services.

I agree to pay according to the fee schedule indicated below.

If our midwifery relationship is terminated for any reason prior to the onset of labor, I agree to pay the cost of prenatal care received on a prorated basis. The initial visit is \$250, and all others \$150 /visit. If there have been 7 or more visits the usual and customary antepartum fee will be charged.

If, during labor, a complication necessitates transfer to a hospital, I agree that the midwifery fee will still be paid in full as Laura will be accompanying me/us to the hospital in a supportive role, as well as continuing with routine postpartum care if desired.

Mother \_\_\_\_\_ Father \_\_\_\_\_