

Financial Contract

Brenda Parrish, CPM, Traditional Birth Services

I, _____, hereby agree to pay Brenda Parrish of Traditional Birth Services the amount of \$ _____ for services rendered during pregnancy, labor and postpartum care.

This is a global fee which has been agreed upon in advance of providing care and may include prenatal care, labor and birth and postpartum followup. Any required lab tests, ultrasounds, medications, birth kits, etc. are not included. Arrangements should be made to get receipts from the providers of these services which may be turned in to your insurance company.

Traditional Birth Services is unable to accept insurance or Medicaid payments at this time. We will help you complete uncomplicated insurance paperwork for a fee of \$25 but there is NO guarantee they will reimburse you.

I agree to pay a \$350 non-refundable deposit at our first visit. This deposit is deducted from the balance due.

I agree to pay a \$350 non-refundable deposit and make monthly payments with the balance due by week 36 in pregnancy.

I prefer to pay a \$350 non-refundable deposit and payments during the pregnancy on this schedule but the balance due by 36 weeks:

_____ Client name _____
Date agreed _____

If for some reason parents transfer out of care for personal or medical reasons, there will be a \$150 charge for each prenatal visit, plus the non-refundable deposit. Any outstanding balance will be canceled and any funds received in excess will be refunded. There are no refunds after 36 weeks. If a client transfers care during labor to a hospital for medical care or birth, there are also no refunds.

Please be aware that in the event of a medical transfer to a hospital, you are also responsible to pay a hospital bill AND the delivery fee of the physician/midwife who takes over your care there.