

Gentle Hands Maternity Care, Inc.

Alice Sirmons, Certified Professional Midwife

3008 E. Indianola Broken Arrow, OK 74014-2803 918-251-1467

FINANCIAL POLICY AND PAYMENT AGREEMENT

The fee charged by Gentle Hands Maternity Care, Inc. is \$2400.00. I offer a \$400.00 cash discount if paid by 36 weeks. The fee covers the office visits during the pregnancy, one home visit, the homebirth, the immediate infant evaluation and care, **the follow-up visits as necessary, and office visits through six weeks postpartum.** The pre-paid cash fee for services is \$2000.00. **I accept insurance**, if eligibility is established. In either case, I require an initial deposit when you begin your prenatal care. The amount of the initial deposit depends upon which trimester you are in when you begin care. If the first visit is during your:

1st Trimester (up to 12 weeks gestation) the deposit is \$275.00

2nd Trimester (up to 27 weeks gestation) the deposit is \$375.00

3rd Trimester (28 weeks and beyond) the deposit is \$575.00

Refund Policy:

If your birth plans change by choice or necessity (medical or otherwise) the total fee for my services and expenses that you owe to that point in time is (I.E. \$275, \$375, or \$575) plus \$45 per prenatal visit, and supply fees incurred by me on your behalf up to that point in time. Payment of the initial deposit and subsequent fees does not guarantee you a home delivery. If transfer becomes necessary at any point, during labor or the immediate post-delivery period, no refund will be made.

Extra Fees:

As a courtesy to you I have my lab bill me directly, unless billed to your insurance company. All lab fees are due at the time services are rendered. I appreciate your cooperation in this matter. Any labs are extra. Necessary physician visits or extraordinary diagnostic measures (ultrasound, AFP, etc.) are extra and will be paid directly to the clinic, hospital, or physician involved. Example: Prenatal 8 profile \$150.00, Beta strep \$45.00, PKU \$150.00, Birth Kit \$45.00, Vit K \$15.00.

Insurance:

I will be happy to file the insurance forms for you. However, you will be responsible for paying my fee. I understand that Gentle Hands Maternity Care Inc. is charging the usual and customary fee of \$2400.00, barring any unexpected complications or expenses. The estimated deductible for expectant mother is \$_____. The expected co-payment is _____% of \$_____. I have chosen the following schedule of payments in order to have the total amount of \$_____ paid by (date)_____.

Cash Payment:

I understand that Gentle Hands Maternity Care, Inc.'s offers a \$400.00 cash discount for midwifery services, if it is paid one month prior to my estimated delivery date. I have chosen the following schedule of payments in order to have the amount of \$2000.00 paid by (date)_____.

Distance:

If you live more than one (1) hour driving time from the midwife's office there is an additional charge of \$200.00.

Financial Agreement:

I understand that failure to meet this financial responsibility will result in the transfer of my care to another facility. I understand that in such a situation, Gentle Hands Maternity Care, Inc. cannot guarantee transfer of care to a caregiver of my choice. She can only make referrals and recommendations.

I agree to make the initial deposit of \$_____, and the monthly payments of \$_____ in order to retain the services of Gentle Hands Maternity Care, Inc. during my pregnancy.

Client's Signature _____ Date _____
Alice Sirmons CPM _____ Date _____

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INFORMED CONSENT AGREEMENT

Many studies and years of experience have show homebirth to be a safe, sane choice for most women. Most complications can be screened out during routine prenatal care. There are problems, however, which can arise during labor and delivery without prior warning. As your birth attendant, my primary responsibility is to recognize potential problems and to deal with them to the best of my ability. I will asses each situation and will not hesitate to recommend transport to an emergency facility when it is necessary.

I have read the Informed Choice Agreement and I am voluntarily contracting for midwifery services. I have made this decision after being informed that in the course of childbrth, which is a normal function, medical problems may unpredictably and suddenly arise which may present a hazard to myself and my unborn child. These problems include, but are not limited to the possibilities of excessive bleeding, infection, convulsions, coma, allergic reaction and respiratory distress. Some other medical problems affecting the fetus and newborn which could occur are cord prolapse and other problems relating to the umbilical cord, congenital abnormalities, fetal distress, mal-presentation, immaturity and post maturity, birth injuries affecting the newborn such as the effects of hyperbilirubinemia, blood incompatibility, anomalies, allergies, infections and brain damage which are difficult to recognize or that unrecognizable immediately after the birth.

I have been informed and understand that personnel, facilities, and equipment for dealing with potential problems that may arise during the course of my labor, and delivery of my child, are available in a hospital, and that in choosing to deliver outside the hospital, I am taking certain risks for myself and my unborn child. These risks relate mainly to delay in medical treatment for unforeseen childbirth complications to mother or baby requiring transfer to a hospital.

SPECIAL CIRCUMSTANCES; To maintain my certification I must participate in Peer Review through the OMA Inc., and any special circumstances are shared with the Certification Review Board. A member of the OMA/CRB may contact you after your birth to discuss your experience. By signing this document you are giving permission for your birth to be included in this peer review process. Only Intern and Senior Midwives are allowed to attend Peer Review, and all information shared is confidential.

My acceptance into the care of a midwife is based on information I have given in my medical history and by remaining low risk based on regular risk assessments throughout this pregnancy. In order for the midwife to attend the delivery of my child, certain care requirements must be met. I will share the responsibility for meeting these requirements as follows:

1. I will obtain certain laboratory test
2. A regular schedule of prenatal visits will be followed
3. If I start labor before 36 weeks or after 41 weeks of pregnancy, I will be evaluated by the midwife and a physician
4. I am responsible for choosing a pediatrician to examine the baby within 72 hours of delivery
5. I have been informed of the midwife's training and experience.
6. I have been informed that Direct Entry Midwives are not licensed or regulated by the State of Oklahoma

We expect our birth attendant Alice Sirmons to provide us with adequate care, but shall not hold her responsible for circumstances beyond her control. The midwife's training and experience is designed to enable her to assist the mother with as little intervention as possible, in a normal labor and delivery where no maternal or infant complications are expected.

Mother's Signature _____ Date _____

Alice Sirmons CPM _____ Date _____