



ARIZONA
W O M B
SERVICE
LLC

Serving women in the childbearing year
www.azwombservice.com

Financial Agreement

It has been agreed that AZ Womb Service, LLC has been contracted to provide services to _____ and payment for these services in the amount of \$ _____ is due in full by _____ (at least one month before the estimated due date).

A payment schedule is hereby agreed upon by both the client and the midwives.

Terms are as follows:

1 st payment of \$400.00 (nonrefundable deposit) at initial appointment	
2 nd payment of \$ _____ by _____	7 th payment of \$ _____ by _____
3 rd payment of \$ _____ by _____	8 th payment of \$ _____ by _____
4 th payment of \$ _____ by _____	9 th payment of \$ _____ by _____
5 th payment of \$ _____ by _____	Balance of \$ _____ by _____
6 th payment of \$ _____ by _____	

Other terms and conditions:

In case of termination of services or a decision to transfer care to another provider, an adjustment will be made based on itemized billing and not the global billing rate. Reimbursement of fees will occur within 30 days. No refunds will be given if care is transferred after 36 weeks due to a decision by the parents.

Midwifery services include 24 hour availability of a midwife throughout pregnancy and postpartum period, prenatal visits with the midwife, (normal scheduling is monthly for the first 28 weeks of pregnancy, twice a month until 36 weeks and then weekly until birth), labor and birth support and services, newborn exam, immediate postpartum care, breastfeeding support, postpartum/newborn home visits during first week postpartum, and follow-up visit approximately 6 weeks postpartum.

Midwifery services do not include additional charges, i.e. some lab fees, physician consult or referral, hospital charges, pediatric care, dietary and herbal supplements, medications such as antibiotics or RhoGAM, childbirth classes, waterbirth tub rental, birth kit, medical supplies beyond those normally used, and the cost of additional supplies each client is asked to obtain for their homebirth.

In the event of complications during labor or birth, or voluntary decisions that result in hospital transport, the fee for midwifery service will remain the same. If hospital transport occurs, the midwife will accompany the client and provide labor and postpartum support when possible.

Payment Guidelines:

1. Payments must be timely and in accordance with the above payment schedule. The midwives would appreciate hearing from you as early as possible if you anticipate any difficulty with payment so other arrangements can be made. Any changes must be discussed in advance and agreed upon by the midwives and parents. Changes will be noted in writing on this financial agreement.
2. Please mail or have someone deliver your payment so it will arrive on time, according to your pre-arranged schedule.
3. There is a \$30 service charge on all returned checks.
4. Arizona Womb Service accepts cash or check.

We agree to the terms of the above financial arrangement and agree to pay the full amount of the Comprehensive/Discounted Cash fee. The insured will pay the \$400 deposit or insurance deductible (which ever is larger).

Client name: _____ Signature: _____ Date: _____

Partner name: _____ Signature: _____ Date: _____

Midwife name: _____ Signature: _____ Date: _____