

Intuitive Mother Midwifery, LLC

Kristy Wilson, Certified Professional Midwife
Amanda Karlie, Apprentice/Assistant Midwife
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A safe birth involves the joint efforts of both clients and midwives, with good communication and shared responsibilities.

To achieve this, we _____, hereafter referred to as CLIENT, and Kristy Wilson, CPM, of Intuitive Mother MIDWIFERY, LLC hereafter referred to as MIDWIFE agree to the following:

The MIDWIFE will agree to:

- Determine the CLIENT’s eligibility through review of medical history, physical examination findings, lab results, and existing support systems.
- Homebirth and waterbirth are available to healthy women expected to have normal labor and birth. MIDWIFE will provide CLIENT with prenatal care and guidance throughout pregnancy, labor, birth, and the postpartum period as long as pregnancy remains normal as defined by the MIDWIFE’s protocols.
- Provide ongoing evaluation throughout pregnancy, labor, birth, and the postpartum period with careful attention to signs of normalcy or deviation from normal. All findings will be discussed openly with the CLIENT.
- Provide information regarding procedures, treatments, and medications to enable CLIENT to make informed choices regarding the course of her pregnancy, labor, and birth.
- Provide 24 hour on-call service for CLIENT during weeks 37-42 of her pregnancy for labor care. Coverage from another midwife will be provided in the event of planned time off, illness, or emergency. MIDWIFE will notify CLIENT in the event of substitute midwife coverage during CLIENT’s window of potential delivery dates.
- MIDWIFE has a back-up agreement with multiple local community-based direct entry midwives with similar practices and skills. In the event of an emergency in which your MIDWIFE is not available, another midwife will be made available for you. IMM also works with Midwives-in-Training.
- Provide prenatal care at least once every four weeks from weeks 10-30; at least once every two weeks from weeks 30-40.
- Provide care during labor and birth when CLIENT is in active labor that starts after 37 weeks of pregnancy.
- Provide no less than one postpartum home visit. Appointments are offered at 24/48 hours after birth and up to eight weeks.
- Refer CLIENT to medical services if any abnormal condition appears and discharge to another care provider if appropriate. If hospitalization becomes necessary during labor, birth, or the immediate postpartum period, CLIENT’s records will accompany her and will be made available to the consulting physician and medical staff. CLIENT’s transport would proceed according to her personalized emergency care plan.

_____ Client Initial _____ Date

CLIENT agrees to:

- Make an informed decision to give birth out of hospital, after having carefully considered the risk factors associated with birth in each setting. CLIENT is encouraged to discuss these factors with MIDWIFE. CLIENT may always choose to labor at the hospital instead of at home.
- Take the standard prenatal laboratory tests and procedures based on CLIENT's individual care plan. In some cases, CLIENT may sign an informed choice form and explain the reason CLIENT declines a recommended treatment plan. CLIENT may be discharged from care if MIDWIFE feels the refusal limits MIDWIFE's ability to assess CLIENT's condition and/or safely treat CLIENT.
- Actively promote a healthy pregnancy by maintaining excellent nutrition and sound health practices, including regular exercise, avoiding caffeine, tobacco, alcohol, and other drugs, and keeping CLIENT's scheduled prenatal appointments.
- Compile a list of questions and concerns to be discussed with MIDWIFE during CLIENT's next scheduled appointment. Text message is not a reliable mode of communication. Urgent matters warrant a direct phone call to MIDWIFE, a call to 911, or a visit to the nearest emergency room.
- Provide a primary support person whose main concern is the support of CLIENT throughout pregnancy, labor, birth, and the immediate postpartum period.
- Have help available in the home 24 hours per day for at least one week after the birth.
- Arrange for an adult other than the primary support person to be responsible for any small children that will be present at the time of labor and birth.
- Educate every person expected to be present at the labor or birth about out of hospital birth by bringing them to a prenatal appointment or class. Persons planning to be at the birth must meet/talk to the midwife PRIOR to the 36 week home visit. Do not wait until the home visit to introduce other persons to the midwife.
- Request complete records from other healthcare providers as needed.
- Have requested birth kit supplies ready by the scheduled home visit around 36 weeks of pregnancy.
- Breastfeed the baby.
- Transfer mother or baby to the hospital if MIDWIFE detects problems that can be managed appropriately only in the hospital. MIDWIFE provides a sensitive, supportive, and homelike atmosphere for prenatal care and the birthing experience. While emergency training is available, MIDWIFE is not a hospital and does not have an operating room or intensive care unit for mother or baby, nor the services of an anesthesiologist.
- Pay all fees incurred if transfer to physician management and hospitalization is necessary. CLIENT agrees to accept all financial obligations for obstetric or hospital care. This could include fees for ambulance transfer if medically necessary. These charges are not part of the midwifery service fees.
- CLIENT agrees to pay all midwifery service fees specified in the financial agreement. CLIENT understands and agrees that the midwife cannot be on-call for the birth if the contract is not paid in full.

_____ Client Initial _____ Date

Agreement and Disclaimer:

I have read and understand the above information concerning midwifery services with Kristy Wilson, CPM and Intuitive Mother MIDWIFERY, LLC. I agree to fulfill my obligations as outlined above. I understand that I may be released from care if I am unable to safely have a homebirth or do not adequately prepare for a safe homebirth. Birth has inherent risks, whether it takes place in the home or in a hospital. Statistically, planned out of hospital birth (OOHB) with a trained midwife has been proven to be as safe as hospital births, and has fewer interventions. The risk of OOHB is centered around the lack of availability of advanced medical technology. As midwives, we are trained in careful monitoring of both mother and baby to ensure safety throughout the process; we transfer care if either is unstable. Birth can, in rare cases, require emergency skills, many of which we are trained in, including newborn resuscitation, CPR, and managing postpartum hemorrhage. Rarely, both in and out of the hospital, morbidities and mortalities occur during birth for both the newborn and the parent. It is ultimately up to the client and their families to research the option of OOHB, ask questions, and assume responsibility for the risks involved. CLIENT may always choose to labor at the hospital instead of at home.

Addendums or Changes:

CLIENT SIGNATURE and DATE

CLIENT PRINT and DATE

MIDWIFE SIGNATURE and DATE

MIDWIFE PRINT and DATE

_____ Client Initial _____ Date

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FINANCIAL AGREEMENT

The basic midwifery fee of \$4000 includes:

- Regular prenatal, postpartum and newborn care up to 6 weeks after birth.
- 1 visit per month up to 32 weeks, then every other week until 38 weeks.
- After 38 weeks, and until birth, visits are scheduled every 3-14 days depending on the needs of each particular client. All regular scheduled visits are planned at the client's home. Any unplanned visits may need to be arranged at the midwife's office depending on availability.
- 24 hour on-call service (37-42 weeks pregnant) and (2 weeks after birth). Please note that text messaging is for non-urgent needs only. For all urgent needs, please call your midwife by phone, or dial 911, or go to the nearest emergency room.
- Trained birth assistant to attend birth as the midwife's assistant.
- Postpartum appointments up to 6 weeks after birth at 24/48 hours, 7-10 days, and 6 weeks.
- Basic breastfeeding support. Please note that I do not have a lactation certification and am not trained to handle advanced lactation needs.

Not Included: Ultrasounds and Labs/Blood work. These fees may be billed to insurance or can be wrapped into your invoice fee for reimbursement plans. Midwives have cash discount fees available through all third-party providers to make these services most economical for you. Expect to pay \$400-1000 for these services.

Travel Fees: Travel Fees may be assessed on a case-by-case basis and will depend on the distance and time needed to travel from 17070. Additional toll fees may be added when applicable.

The full midwifery fee and all accrued service and travel fees must be paid in full at the 34 week appointment. The midwife cannot attend a home visit or birth if the contract is not paid in full. Intuitive Mother Midwifery accepts cash, checks and online payments through Quickbooks.

Check Payments should be made out to: INTUITIVE MOTHER MIDWIFERY.

Retaining Fee:

\$600 RETAINING FEE due immediately upon start of contract. This reserves your due date and assures that the midwife does not take too many clients within a month's period. It assures that the midwife is available for proper prenatal care, emergencies when necessary, and is prepared to be midwife on-call for you or prepare to have a backup provided in case it is necessary for personal reasons. Some months, the midwife will have to refuse potential clients due to being booked. This retaining fee assures your place on the midwife's calendar. It provides the midwife with income for sending ancillary referrals, ordering labs, reading results and caring for your needs between appointments, receiving and sending requests and records on your behalf and a variety of other tasks that midwives do between appointments for clients.

Termination of Care:

Please note that if you discontinue care at any time for any reason, there is NO refund of the \$600 retaining fee, plus you will be billed \$200 per charted visit (including the initial/first appointment) and any all charted appointments, and all additional fees accrued. If you have been paying according to the required minimum per appointment, you may be due a refund. You will NOT receive the \$600 retaining fee as a refund and you may NOT reallocate that retaining fee towards charted and billable visits and services. In the event of termination of contract, lab fees, referral costs, nutritional supplements and any and all ancillary services are subject to be billed. (For example, if you terminate care after 4 visits: You will have paid \$1800. Your visits would be billed at \$200 each and the \$600 RETAINING FEE is non-refundable. Therefore, you would have a \$400 credit on your account.

Agreement and Disclaimer I have read and understand the above information concerning financial arrangements with Intuitive Mother Midwifery, LLC. I agree to fulfill my financial obligations as outlined above. Failure to pay fees in a timely manner may result in release from care by Intuitive Mother Midwifery, LLC . Unpaid fees are subject to late fees and may be turned over to collections.

CLIENT SIGNATURE and DATE

CLIENT PRINT and DATE

MIDWIFE SIGNATURE and DATE

MIDWIFE PRINT and DATE

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DISCLOSURE REGARDING INSURANCE REIMBURSEMENTS

Dear Client,

We have prepared this letter to help you better understand the complexities of medical insurance; we realize how confusing it can be. To begin, we would like to emphasize that we do not bill your medical insurance on your behalf and your total amount payable to us is due in full prior to your expected due date.

All levels of payments by insurance companies, including allowed fees, usual, customary and reasonable, are governed by the premiums paid. As independent midwives, we have the right to set our own contract terms with you to provide you with service that surpasses what is “customary and normal” by many medical providers. Our fees are based upon a combination of our time and constant dedication to providing our clients with the highest quality of care based upon the Midwifery Model of Care. Therefore, Intuitive Mother Midwifery, LLC and the midwives are not in-network with any insurance provider. Our treatment, protocols and care for you is never based upon an insurance contract.

Your insurance contract is between you and your insurance carrier. If you have medical insurance, we can provide you with a global invoice approximately 2 weeks after your birth. You may then complete a claim request with your insurance carrier to seek reimbursement from your insurance carrier.

If you have a cost-sharing plan, please ask us for an estimated bill of service and we can provide this for you at any time.

Signature of Acknowledgement:

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PAYMENT OPTIONS

- Generally, payments are due according to the terms of the Financial Agreement. This includes a \$600 upfront retaining fee, due at the start of our contract, and then a minimum of \$300 due at each appointment.
- The total contract fee is due in full at the 34 week appointment and PRIOR to the home visit.
- We create our billing invoices through Quickbooks Invoicing. You will receive an email link to make payments online.
- You are expected to make adequate payments with each and every appointment.
- We prefer if you use the online invoicing system to make payments prior to our appointments.
- Cash or checks at the appointment are also an acceptable payment method. Please note that returned check fees of \$25 will be assessed.

Please choose your preferred option:

- I will pay the \$600 retaining fee and minimum payments of \$300 per appointment . I will pay the remaining at the 34 week prenatal visit when I receive my birth kit.
- I will pay the \$600 retaining fee at the start of care and then FIVE (5) monthly payments of \$680.
- I will make FOUR (4) payments of \$1000 each.
- I will pay my full fee upfront.

Signature of Acknowledgement: