



Midwifery Care Associates, P.C.
2 Tree Farm Road • Suite A110 • Pennington, NJ 08534 • 609.737.7512

FINANCIAL AGREEMENT

FEE: Our professional fee for prenatal care, birth and postpartum care is **\$8,900**. These are global fees which include all routine care and procedures, visits, newborn examination and care, and NJ mandated newborn screening. The fee does not include the cost of laboratory testing, genetic testing or counseling, prenatal testing, special medications, perinatal consultation, ultrasound examination, amniotic fluid index testing, biophysical profile, non-stress testing, external cephalic version of a breech, or Caesarian birth.

PAYMENT: Payment in full is required of all clients by 30 completed weeks of pregnancy. This must total **\$8,900** payable by check, cash or credit card in several divided payments, as per the following agreement. The balance of the full fee is **due no later than 30 weeks**, even if your coverage by insurance is verified.

INSURANCE: The fee we charge for our services is our usual and customary fee charged to all clients for similar services. If you are covered by a health insurance policy, your policy allowance for maternity care may not coincide with our usual fee. The terms of your policy represent a negotiation between you or your employer and the health plan. Different plans vary widely in coverage, some paying promptly and others delaying payment for many months. We will help you make a determination that your plan includes out-of-network benefits that may help pay for your care, though you must still remit the fee in full by 30 weeks. Following the birth of your baby, or transfer out of our practice for any reason, we will submit our bill to your current insurance plan. You will then receive reimbursement directly from your plan of any amount to which they determine you are entitled. Notwithstanding any insurance reimbursement, our total fee is your binding financial obligation.

We agree to pay in full for our care as follows:

We offer a discount of \$1,000 if fee is paid in full at the first or second visit for a total of **\$7,900**_____

\$8,900 by 30 weeks in one payment_____ or installments of _____ per visit.

Client:	Date:	Partner:	Date:
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Special arrangement (must be initialed by client and partner, and both midwives):
