



## Financial Policy and Agreement

Thank you for choosing Heart of Houston Birth and Wellness Center (“HHBWC”) as your maternity care home. In order to continue to provide excellent care, we have established the following financial policy. Thank you for understanding the necessity of this policy. If you have any concerns or questions, please speak with the Billing Coordinator.

### Financial Responsibility

You are responsible for all charges and fees on your account. We are not contracted with any insurance company as an in-network provider. Your insurance company may reimburse all or part of the care you receive from HHBWC through out-of-network benefits, a gap exception, or any such manner but HHBWC is not responsible for any such reimbursement. Your insurance policy is a contract between you and your company. HHBWC does not have information about the details of your insurance contract and is therefore not bound to the terms and conditions of such contract. If you would like to apply for reimbursement from your insurance company, we will provide you with a superbill to submit to your carrier, however HHBWC will not be liable for the acceptance or rejection of such a request for reimbursement.

### Professional Midwifery Global (“Professional Fee”)

The Professional Maternity Global is \$4,500. This includes all prenatal, birth, and postpartum care provided by the midwives of HHBWC. A complete list of what is included in the Professional Maternity Global can be found on the attached “Midwifery Care and Birth Package Details” page. The full payment is due prior to you reaching 34 weeks’ gestation, however periodic payments are due in accordance to schedule put forth on page 3. If payment in full has not been received by 34 weeks, and additional payment arrangements have not been made, we will discuss arranging a transfer of your care to another provider.

Payment schedules and discounts are detailed on page 2.



Facility Fee (“Facility Fee”)

HHBWC charges a \$500, nonrefundable facility fee for all clients regardless of planned birth location. This payment is due at your first prenatal visit. HHBWC charges a \$2,500 facility fee for clients planning to give birth at the birth center and is due prior to you reaching 36 weeks gestation. If you are admitted to the Birth Center, but require a transfer to the hospital prior to birth, you will be charged \$250 per hour with a minimum of \$500 not to exceed \$2,500. Facility Fee refunds will not be given if mother and/or baby require transfer following birth.

The Facility Fee not only includes general use of the center during labor and birth, it also includes all medications, IV fluids, supplies, nitrous oxide use, water immersion/birth, and a trained birth assistant. A detailed list of what is included in the Facility Fee can be found on the “Midwifery Care and Birth Package Details” page.

Example of Payment Schedule

Due	Professional Fee	Facility Fee	Total
First Visit	\$500	\$ 500	\$1,000
20 weeks	\$1,500		\$1,500
28 weeks	\$1,500		\$1,500
34 weeks	\$1,000		\$1,000
36 weeks		\$2,500*	\$2,500
Total	\$4,500	\$3,000	\$7,500

\* Birth Center Clients Only.

Additional Charges:

You are responsible for all fees associated with laboratory testing, ultrasounds and radiology services, referrals and consultations, and medications your midwife may prescribe not included in our care. If you elect to have your routine labs for anatomy scan through a source that is not included in our package you will be responsible for the cost of such testing. Please see our “Midwifery Care and Birth Package Details” page 3 for additional information about labs and diagnostic testing included in your enrollment package. If you receive care or have a consultation with a physician or other specialist, or require evaluation or treatment at a hospital you will be responsible for any and all fees billed from those providers and facilities.



## Discounts

Unless another special offer/discount applies, we offer the following discounts to clients.

\$500 medicaid Discount (applied to facility fee): must show proof of coverage. Medicaid will be billed for your labs, ultrasounds, and newborn screening, etc.

\$500 Timely pay Discount (applied to professional fee): If all fees are paid by your 2nd visit or within 48 hours of initial visit if care is established after 20 weeks of pregnancy.

## Refunds for Advance Payments

### Professional Midwifery Fee:

If you Transfer/Terminate care prior to reaching 36 weeks you will be charged \$300 for your initial visit and \$250 for each return OB visit. Refunds will be issued following submission of the "Transfer of Care" and "Records Release" forms.

Professional Fee refunds will be issued on a very limited basis for transfers out of our care following 36 weeks and only if it is prearranged. If you develop conditions that exceed the risk criteria of the Birth Center, under most circumstances, our midwives will be available to you, at a minimum, in a supportive role, during your labor and birth as well as for ongoing postpartum care.

Refunds for Professional Fees will not be issued for any of the following:

- You do not call your midwife when you are in labor and you do not show up at the Birth Center, as planned, to give birth.
- If you decide to stay home and have your baby or change your mind and check yourself into the hospital.
- If your labor is fast and you give birth prior to arriving at the Birth Center. In this case your midwife will discuss with you the recommended options for immediate postpartum and newborn care based on your individual circumstance.
- You develop a condition during labor, or immediately postpartum that necessitates a transfer to the hospital for additional care.
- Another provider attends your birth and one of our midwives is unable to be present.
- If you do not follow up for your postpartum care.
- If we co-manage your care with another provider.



### Facility Fee Refunds:

If you withdraw from the Birth Center roster, or are never admitted to the facility, you will receive a full refund (less the \$500 deposit) for any prepaid Facility Fees. If you are admitted to the birth center in labor, but do not give birth at the center, we will calculate your Facility Fee based on a rate of \$500 for the first hour and \$250 per hour for each additional hour. These hourly costs will not exceed the full facility fee of \$2,500.

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Financial Agreement

I have read and understand the financial policy for Heart of Houston Birth and Wellness Center (“HHBWC”). I understand that I am responsible for all charges and fees. Following my payment of the initial facility deposit, all payments will first be applied towards the Professional Fee and then to the Facility Fee. I have read and understand all other additional payment and refund policies as previously described. I understand the standard Professional Fee is \$4,500. I understand the Facility Fee is \$500 for planned hospital birth, and \$3,000 for planned birth center birth.

**I have elected to enroll in the following Package:**

\_\_\_\_\_ Birth Center Package - \$7,500

\_\_\_\_\_ Hospital Birth Package - \$5,000

**I have elected the following Discounts:**

\_\_\_\_\_ \$500 Medicaid Discount (must provide proof of coverage)

\_\_\_\_\_ \$500 Timely Pay Discount - **Full payment due at time of 2nd visit.**

\_\_\_\_\_

**I commit to making to below minimum payments on or before the following dates:**

\_\_\_\_\_ (Initial) \$ \_\_\_\_\_

\_\_\_\_\_ (2nd/20wks) \$ \_\_\_\_\_

\_\_\_\_\_ (28 weeks) \$ \_\_\_\_\_

\_\_\_\_\_ (34 weeks) \$ \_\_\_\_\_

\_\_\_\_\_ (36 weeks) \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Client Name Signature Date

\_\_\_\_\_  
HHBWC Representative Signature Date