

Snohomish Midwives
57 Cedar Avenue
Snohomish, WA 98290
877-869-6105
Fax: 360-563-2662

Financial Agreement for Third-Party Payer Clients

There are three methods of payment for services: **cash, private insurance or public assistance**

Private Insurance

Snohomish Midwives will itemize your bill to the insurance company through the services of a medical biller. The charges will include prenatal care, on-call services, delivery, postpartum care and normal newborn care for the first two weeks of life, and other charges like blood draws, IV therapy, medications, non-routine office/home visits, labor management in the hospital, additional charges due to complications of pregnancy, labor, or postpartum. The birth center will bill your insurance for the facility fee separately, as will the laboratory for any lab fees.

If you intend to rely on a third-party payer, you must provide Snohomish Midwives with proof of insurance coverage at your first prenatal visit. If insurance verification has not been received by the second prenatal visit, your contract will be converted to a cash birth fee; with full payment due one month prior to your due date. If verification of insurance coverage is subsequently obtained, an insurance contract can be reinstated.

You are responsible to submit to Snohomish Midwives any portion of the fee that will not be covered by a third-party payer (e.g. deductibles and co-pays). If we are unable to collect from a third-party payer, the client shall be responsible for the balance due. You may arrange a payment plan for any portion of the fees not covered by insurance.

Public Assistance

Snohomish Midwives accepts medical coupons for payment. Medical coupons cover all fees except pharmacy, which you will be responsible for. If you lose eligibility for coupons before your delivery, you will be responsible for all fees that have not been covered.

Lab Work and Ultrasounds

You will be billed directly by the lab company (Pac Lab) and ultrasound company if you are a private pay client. For those with health insurance plans, the lab will bill your health insurance company and any fees not covered will be the responsibility of the client.

Payment Agreement

- Please bill my insurance company. I will receive a confirmation of benefits including a description of my plan's payment percentage, deductible, co-pay, or percentage owed by the policy holder. If my insurance coverage changes, I will notify Snohomish Midwives.

- I give permission to Snohomish Midwives' medical biller to release my personal information to my insurance company in the context of billing.

The undersigned have read and understood this contract and have had the opportunity to ask any and all questions.

Signature _____ Date ____/____/____

Printed Name _____