

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

Informed Choice Regarding Non-Covered Services

I understand that if I choose a birth center birth, there is a facility fee that the birth center charges that will NOT be covered by my health insurance company and therefore I will pay it. This fee differs from birth center to birth center. N/A if income eligible for DSHS.

I understand there is a **\$250 non-negotiable fee for transporting to a hospital in labor**, which is NOT typically covered by a medical health plan and is thus, an out-of-pocket expense. N/A if income eligible for DSHS.

I understand that ongoing midwifery support and advocacy provided by a Snohomish Midwives midwife in the hospital after a transfer of care to another provider is NOT covered by a medical health plan, is NOT included as part of another service, or has been determined by my health plan to NOT be medically necessary. In the event of a hospital transfer, my midwife will facilitate a transition of care to the hospital staff.

- Once I am settled, my choice for continued support is checked below.

I choose to receive labor support from my midwife and agree to pay an additional \$500 for her services in the event of a hospital transfer.

I choose to not receive labor support from my midwife in the event of a hospital transfer.

I will decide in labor whether or not to request my midwife's continued support in the hospital and I understand there is a fee of \$500 associated with this service if I choose to use it.

Reimbursement for a non-licensed birth assistant is another service typically NOT covered by most insurance companies. Therefore, Snohomish Midwives asks all its clients to pay an out-of-pocket fee of **\$300** for this service (**\$250** if income eligible for DSHS). We feel it is essential to the safety of the birth and the quality of care we offer to utilize birth assistants. We require this fee **by the 37th week of pregnancy**. Please note, this fee will be returned to you if you transfer out of our care during your prenatal course. If my medical program covers the services listed above, this agreement is void and unenforceable, and I am under no obligation to pay my provider. I understand this form and have been given the opportunity to have all of my questions answered to my satisfaction.

Signature of Client

Date