Wellspring Midwifery UT LLC

Prenatal Care Fees

Version 2 (web copy)

Which midwife is caring for you? _____

Midwifery Services Fee

The fee for your prenatal, birth, and postpartum care will be **$5000**. **We require a non-refundable fee of $500 be paid at your first visit** (the $500 will be applied to the $5000 prenatal care fee).

Ultrasounds and supplements are an additional cost. **All supplements must be paid for when received.**

In the event that you are transported to a hospital for delivery, the fee above still applies.

We require that your account be paid in full by 36 weeks gestation. A $200 discount will be given when account is paid in full by 30 weeks gestation. We are not able to accept health insurance for midwifery services.

The following will be included in your Prenatal Care Fee:

1. Prenatal check-ups
2. Initial pregnancy blood work
3. Hemoglobin and glucose tests as needed
4. Group B Strep test (GBS)
5. Urinalysis at each prenatal visit (urine dip stick testing i.e., protein, glucose)
6. Labor and delivery
7. Newborn metabolic screening
8. Newborn hearing screening
9. CCHD
10. Oxygen, if necessary
11. Blood typing of newborn for Rh negative mothers
12. Birth certificate filing
13. Postpartum follow-up home visits
14. 2 week and 6 week in-office baby/maternal check-ups

Please check one of the following payment options that you will use as a payment plan
(by checking a box and signing below, you show that you agree to the Prenatal Care Fee terms):

- ☐ **Payment per visit** (divide the total cost by 10 – payments get closer together as your pregnancy progresses)
- ☐ **Payment per month** (divide the total cost by 7 – one payment per month)
- ☐ **Payment as a lump sum** (payment must be received prior to 30 weeks gestation)

We thank you for adhering to these terms and honoring your agreement to them. Getting payments in on time helps greatly in covering the continuing costs of prenatal and postpartum supplies, supplements, and in giving mother and baby the best possible care.

Check, cash, card, and app payments accepted; details at your first visit. **Please make checks payable to Wellspring Midwifery UT.**

Client

Signature

Client name (please print) _____ _____ Date _____

Second client

Client name (please print)	Signature	Date