**Parent Financial Contract**

The expenses involved in midwifery are substantial and typically not obvious to the families we serve. While midwives almost always agree that midwifery is far more about our love of our work than any real financial gain, the service we provide must pay for the cars, gas, phones, supplies, equipment, and time we put into it. We recognize that every family has different needs and resources and we will attempt to work with each family according to their needs.

1. I/We agree to pay Gena Reitano the determined fee based on the sliding scale for midwifery service package which includes routine prenatal visits, an assistant at the birth, 4 postpartum visits at 24 to 36 hours, 10-14 day, 4 week and a 6-8 weeks.
2. I/We have reviewed my/our household gross income from all sources. We have determined that from our most honest calculations that we believe we fit within the scale at $\_\_\_\_\_\_\_\_\_\_\_\_\_ and agree to pay this fee.
3. I/We understand that payment is due in full by 37 weeks unless other arrangements have been made. These arrangements must be made by the second prenatal visit.
4. I/We understand and agree that if a hospital birth becomes necessary and Gena Reitano can no longer provide care due to complications of the pregnancy a charge of $90 per prenatal visit will be assessed, all labs will be priced separately, along with all travel expenses and a $200 practice fee.
5. I/We understand and agree that if a hospital birth is chosen by the family and they would like me to attend as a support person an $800 fee will be charged along with any previous care to that point.
6. I/We understand and agree that if it becomes necessary to go to the hospital during labor the entire midwifery service fee remains the same and that no part of it will be waived or refunded. The midwife will attend the hospital for moral and doula support and will follow the postpartum schedule including the newborn screens as agreed to earlier.
7. I/We agree that any portions of the pregnancy and birth fee paid in barter stands regardless of place of birth or birth outcomes.
8. I/We understand and agree the midwifery service fee must be paid in full and will not be refunded even if the midwife arrives after the birth as a result of a delayed notification , a fast labor or unexpected circumstances such as but not limited to a car breakdown, inclement weather etc.
9. I/We understand that Gena Reitano reserves the right to terminate her services and not attend the birth if we do not meet the above agreed financial understanding. If payment is not made, and Gena withdraws from providing care she will immediately inform us in person, phone, email or text message as well as with a certified letter.
10. I/We understand and agree that when I deliver at home, I/We are FULLY responsible for birth supplies. If I/We deliver at the birth center, then everything will be supplied.

**Minimum Requirements for Delivery**

1. At least 3 prenatal visits with the midwives before delivery
2. Prenatal panel if you are a new client, unless you can provide records of lab work from another facility
3. Hemoglobin check within 4 weeks of delivery
4. Random blood sugar check between 28-37 weeks
5. Antibody screen for all mothers between 28-37 weeks
6. Contract completed and signed
7. Full deposit by 37 weeks unless other arrangements have been made
8. Minimum 2 hours observation after the delivery of the baby
9. Home postpartum visit within 3 days of delivery

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Client Signature Date Client Spouse/Partner Signature Date

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Midwife Signature Date