Sacopee Midwives
Certified Professional Midwives serving greater Portland and beyond since 1995

Phone: 207-329-2111 Fax: 207-329-2111
E-Mail: Sacopeemidwives@gmail.com
Web: www.sacopeemidwives.org

**Sacopee Midwives** fee is 6000.00 and includes prenatal care, on-call services, labor and birth care (including routine birth and newborn medications), immediate postpartum care, newborn metabolic screen and continued postpartum care for the first twelve weeks following the birth. The fee does not include outside tests including lab work or ultrasounds, any visits with consulting physicians, non-routine medications such as antibiotics, RhiG or prenatal IV fluid, disposable supplies for the birth, etc.

In order to be accessible to those who desire our midwifery services, we offer a reduced fee scale option. To make this option sustainable for our Practice, we can only accept a limited number of clients using the reduced fee scale option in a year.

In order to secure your spot in our practice **we ask for a non-refundable deposit of 600 or 10% by our second appointment, or 20 weeks gestation**, whichever comes first. The remaining **balance is due by 37 weeks gestation**. Payments can be made in any increment throughout your pregnancy, but your plan must be made in writing (below).

Sacopee Midwives reserves the right to discontinue care at any time due to failure of payment. Please remember that your midwives depend on being paid to secure supplies for best care practices, care for ourselves and our families.

**Fee Policy**

It is the policy of Sacopee Midwives to take into account clients' financial needs when providing services. Discounts will be reviewed by the Midwives and a signed commitment to the payment plan will be required of clients.

If you leave our care prior to labor, all fees will be prorated (a breakdown of fees is available upon request). If there is a transport to the hospital while you are in labor, there is no refund. Sacopee Midwives is not responsible for any fees incurred as a result of transfer of care.

**Method of payment**

We do not bill insurance companies directly. Some insurance companies will reimburse you for your birth. This is based on your specific policy in regards to out-of-network coverage. Often, however, they will not reimburse you until after all services have been provided. We request that you pay us out of pocket and work for reimbursement independently. We can provide a general statement for this purpose. You may wish to work with a billing company to attempt reimbursement. We accept cash or checks. Checks can also be sent to us directly from your bank.

___ I/We agree to pay Sacopee Midwives a non-refundable deposit of $600 (or 10% of the reduced fee) by our second prenatal appointment, or 20 weeks gestation, whichever comes first.

___ I/We agree to pay Sacopee Midwives the total amount of $_____ by 37 weeks gestation.

Client Name: _____ DOB: _____

Signature of Client: _____ Date:_____

Signature of Partner: _____ Date: _____

Signature of Midwife: _____ Date: _____

**Sliding Fee Scale**

We strive to make community midwifery care as transparent and accessible as possible. We offer discounted home birth fees using the 2025 poverty guidelines to a limited number of families each year. Please bring this up in our initial interview if this is a need for you. We request that you create and commit to a detailed payment plan at the beginning of our care.

Discounts are offered depending upon family income and family size. Please use the information on the next few pages to help you decide what fee is appropriate for your family.

| 2025 Poverty Guidelines | |
|---|---|
| Persons in family/household | Poverty guideline |
| 1 | $15,650 |
| 2 | $21,150 |
| 3 | $26,650 |
| 4 | $32,150 |
| 5 | $37,650 |
| 6 | $43,150 |
| 7 | $48,650 |
| 8 | $54,150 |

**General guidelines to help you determine where you fall on the sliding scale:**

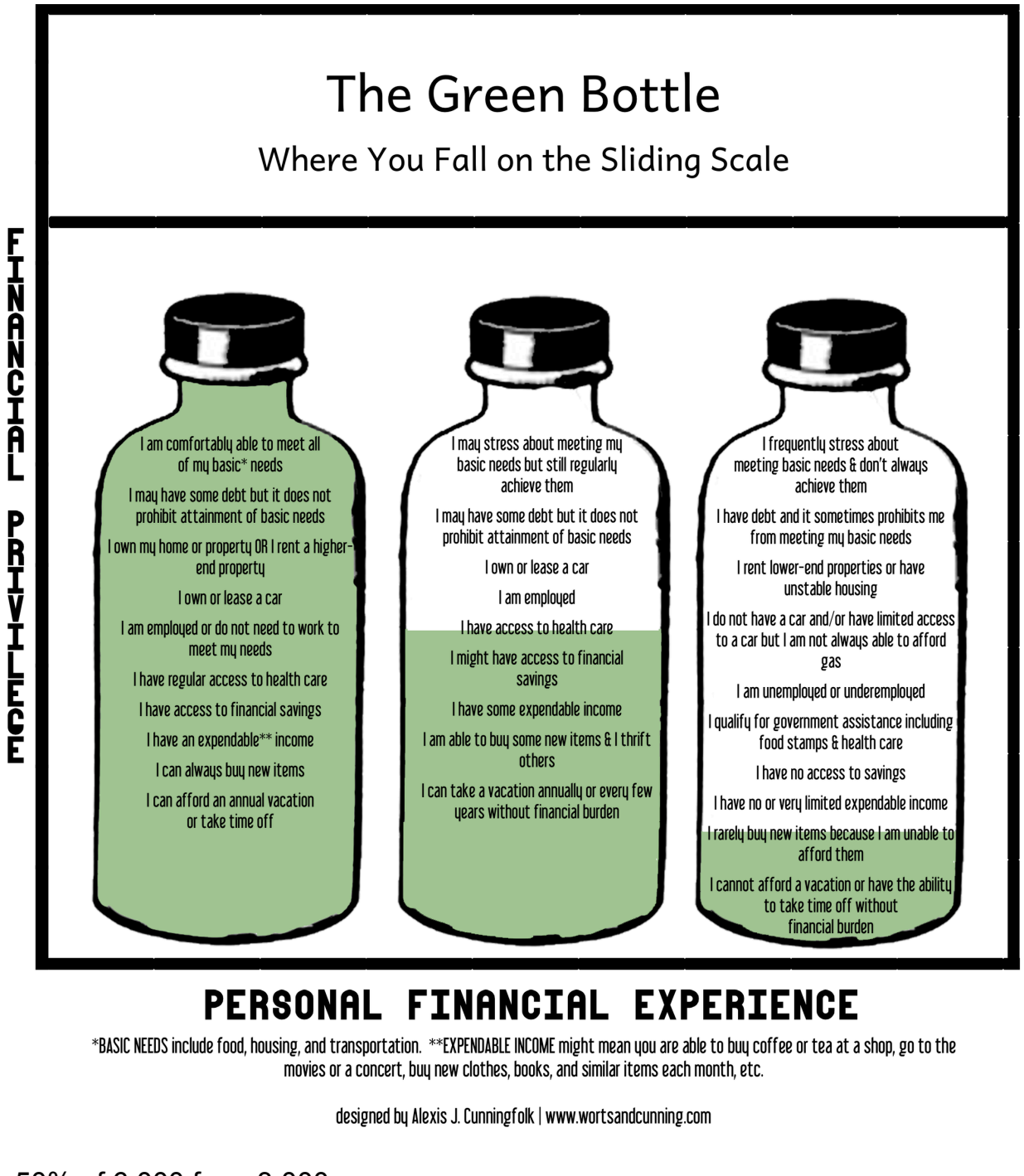
**6000** - The highest dollar cost reflects the true cost of our service. If you have access to financial security, own property or have personal savings, you would not traditionally qualify for sliding scale services. If you are able to pay for "wants" and spend little time worrying about securing necessities in your life, you have economic privilege and power in our community. This price is for you.

**4800** - The middle cost reflects the acknowledgement that paying the full cost would prevent some folks from being able to access care, but who do not find themselves reflected in either descriptions for the highest cost or the lowest. If you are struggling to conquer debt or build savings or move away from paycheck to paycheck living but have access to steady income and are not spending most of your time thinking about meeting basic needs such as food, shelter, medical care, child care, etc., you belong here. If you, however, can ask others for financial support, such as family members, partners, or friends, please consider using those personal resources before you use the resources of the sliding scale and limit opportunities for others.

**3000** - The bottom cost represents an acknowledgment that there are folks whose economic circumstances would prevent them from accessing midwifery care if there was not a deliberate opportunity made for them to access care at a cost that is reflective of their economic realities. If you struggle to maintain access to needs such as health care, housing, food, child care, and are living paycheck to paycheck or are in significant debt, you probably belong here and you deserve a community that honors your price as an equal economic offering as the person who can pay the highest tier.

**The Green Bottle Method**

In the spirit of access and supporting those who appreciate visual learning tools we've included a graphic to illustrate how the sliding scale works.




Bottle 3 - 50% of 6,000 fee= 3,000
Bottle 2 - 80% of 6,000 fee= 4,800
Bottle 1 - 100% = 6,000

**2025 Insurance Reimbursement Info**

Currently, as licensed CPMs in the state of Maine we are not credentialed as “in-network” providers and so are not able to bill insurance companies directly for our care. As ‘out-of-network” providers we require direct payments for our care from you, our clients, as directed by our financial agreement. It is the responsibility of the clients to submit paperwork for reimbursement from their own insurance company including filing of insurance company specific reimbursement paperwork along with a general statement we provide after the completion of our care. This task is one that sometimes works without a hitch. Quite often however it takes some perseverance, stamina, phone calls and quite a bit of good luck. The intent of this handout is to provide you with information and methods that we have learned along the way to help folks receive higher rates of reimbursement. It is not a guarantee that your policy will reimburse you for your care with our practice.

The billing for lab work, ultrasounds, and any consultations with other providers will be handled through their office, not through ours. Most insurance policies cover a good portion of the fees charged by those offices, depending on your insurance plan.

The purpose of this document is to guide you towards better reimbursement for our midwifery care fees.

Basics:

Some policies have more comprehensive coverage than others. As “out-of-network” providers any reimbursement for our services will fall under an “out-of-network” policy, which is a separate part of your insurance policy. Some policies have no “out-of-network” coverage and unfortunately will most likely not reimburse for any of our care. If you do have an “out-of-network” policy it is helpful to become familiar with the coverage under this portion of your plan. Often there is a separate “out-of-network” deductible for such policies. If you have a deductible you can find out what it is and what percentage of fees are covered after the deductible has been met.

We do not find it helpful for folks to try and call their insurance companies during the pregnancy and see they have “home birth” coverage. Policies generally do not specify place of birth under their details but rather speak to who the provider is. As “out-of-network” providers any care received from us would simply fall under your “out-of-network” policy.

We will provide you with a statement to use for reimbursement. This you can submit alongside your specific paperwork required by your insurance company for reimbursement. Please request this statement from us at the end of your care (either the 6 week postpartum visit or after your birth depending on a few factors which we can talk about on a case-by-case basis.) Submit the statement you receive from us as well as the forms from your insurance company as soon as you can as some policies have a tighter window for submission than others. You can ask to know what the time-period for reimbursement is from your specific insurance company.

HSAs:

Many families have Health Savings Accounts as part of their benefit package from their employers. For those that do have funds in their HSA, you can certainly use these funds for our care and do not need to wait for reimbursement from your insurance company. We can receive direct payment from HSA accounts. Please let us know asap that you want to pull funds out of your HSA. It typically only requires a phone call to your HSA to learn about what they require to release the funds. We will provide you with a statement if needed.

We require a check to be issued to us as we do not process credit card payments. Sometimes this extra step required for a check to be issued takes a little bit of work but is not a huge hurdle, you simply need to request it from your HSA and inquire about the required steps.

If you do use funds from your HSA and you also have an “out-of-network” policy, you can try to get reimbursement from your insurance company to replenish your HSA. It is always worth a shot. The same process would apply as we have outlined earlier about submitting paperwork for reimbursement to your insurance company.

Follow-up:

If you submit a request for reimbursement and receive a letter stating that there is information missing, the best thing to do is to follow- up. Give a call to your insurance company and ask what specifics they can share with you about why your claim was denied. Sometimes they need just one more medical code, or clarification about what services you received. Ask tons of questions and try to have them tell you the specific details of what they are looking for.

Make sure to let them know that you are asking for reimbursement, and steer them away from trying to issue direct payment to our practice. If they do issue your reimbursement check to our practice we will just sign the check over to you. We never deposit these checks.

Sometimes after being denied reimbursement coverage some people have had luck appealing the decision. The approach that seems to work well is to speak about the low cost of our care as compared to hospital based care. Typical low-risk vaginal births cost at least 3x our full fee, just to cover the charges from the hospital stay. Prenatal care and postpartum care is a separate charge above and beyond the hospital fee. Research the current minimal intervention vaginal birth cost at the local hospital (these fees are published on the hospital website.) You can highlight the cost savings of choosing a homebirth and approach it in terms that they understand. Insurance companies love to keep costs low. Highlight all of the cost savings you can think of.

If you find a customer service representative that you connect well with and who you think hears the logic in your argument, try to request their direct number or ask for a way to connect with them directly so you can continue the dialogue past that first conversation.