



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

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### 2022 Financial Agreement

Sacopee Valley Birthing Services fee is \$4,500, and includes prenatal care (home and office visits), on-call services, labor and birth care, immediate postpartum care, and continued postpartum care for the first six weeks following the birth. The fee does not include any tests, lab work, visits with a consulting physician, antibiotics, disposable supplies for the birth or RhoGam injection that might be needed or chosen by the client.

In order to be accessible to those who desire our midwifery services, we have adopted a discounted or extended fee schedule (see below).

We are very flexible with the method and timing of payments. Our only request is that all fees be paid by 37 weeks gestation.

#### Fee Policy

It is the policy of Sacopee Valley Birthing Services to take into account clients financial needs when providing services. Discounts are offered depending upon household income and family size. If you feel like you can afford a higher fee in order to offset families who may need the discounted fee, please consider the Extended Fee.

Use the grid on the next page to determine your fee by finding the number of people in your family (include the baby you are currently expecting as an additional family member) in the left-hand column and then moving to the right to locate your yearly income. The fee is at the top of the column. Check the best choice for your family.

There are refunds for Transfer of Care 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.

#### 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 an itemized statement for this purpose. We also suggest you work with Cohosh Billing for reimbursement. We accept cash or checks. We also accept electronic payment through Venmo, our username is @Sacopee-Midwives. Checks can also be sent to us directly from your bank.

#### Fee Worksheet

Discounts are offered depending upon family income and family size. Please use this worksheet to help you decide what fee is appropriate for your family.

Name :	
Address:	
Phone Number(s):	

Consider your Household budget:

What is your family's total gross wages, salaries, tips, etc., social security, pension, annuity, veteran's benefits, alimony, child support, military family allotments, income from business self employment, rent, interest, dividend, and other income.

Total Annual Income: \_\_\_\_\_

Total number of Family Members \_\_\_\_\_

**2021 Federal Poverty Guidelines used for Discounted Fee Schedule**

fee	\$2500	\$3000	\$3500	\$4000
Income for 2	Up to 17,420	Up to 21,775	Up to 26,130	Up to 34,840
Income for 3	Up to 21,960	Up to 27,450	Up to 32,940	Up to 43,920
Income for 4	Up to 26,500	Up to 33,125	Up to 39,750	Up to 53,000
Income for 5	Up to 31,040	Up to 38,800	Up to 46,560	Up to 62,080
Income for 6	Up to 35,580	Up to 44,475	Up to 53,370	Up to 71,160
Income for 7	Up to 40,120	Up to 50,150	Up to 60,180	Up to 80,240
Income for 8+	Up to 44,660	Up to 55,750	Up to 66,900	Up to 89,200

**Our Fee**

**\$4500**

Thank you for supporting our discounted fee program for other	\$5000	\$5500	\$6000	\$6500

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Partner \_\_\_\_\_ Date \_\_\_\_\_