



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

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Sacopee Midwives fee is **\$5000** 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 six weeks following the birth. The fee does not include outside tests including lab work or ultrasounds, any visits with a consulting physician, non-routine medications such as antibiotics, RhiG or prenatal IV fluid, disposable supplies for the birth or birth center fee.

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 also have the option to pay above our fee if you are able. In order to secure your spot in our practice **we ask for a non-refundable deposit of \$500 or 10% by our second appointment, or 20 weeks gestation**, whichever comes first. The **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).

If you are interested in using The Birth House birth center in Bridgton a \$600 check made payable to The Birth House, or \$600 cash, must be brought your birth.

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 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 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.

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 a general statement for this purpose. You may wish to work with a billing company like Cohosh Billing 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 \$500 (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 \$5000 by 37 weeks gestation

___ I/We choose to use the sliding scale and agree to pay Sacopee Midwives the total amount of \$_____ by 37 weeks gestation as outlined below:

___ I/We agree to pay \$600 for the use of The Birth House at the time of birth

Client Name: _____ DOB: _____

Signature of Client: _____ Date: _____

Signature of Partner: _____ Date: _____

Signature of Midwife: _____ Date: _____

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 families total gross wages, salaries, tips, etc., social security, pension, annuity, and 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

\$5000

We hope that people can have a home birth even if they have limited financial resources. If you have extensive financial resources please consider donating in our extended care schedule.

\$

\$5500	
\$6500	
\$7500	

2022 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 “homebirth” 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.