



**HomeBirth Experience New Client Packet. What to bring to your first appointment.**

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## Payment Agreement

Welcome to the practice of HomeBirth Experience, Inc. I am excited about working with you on the birth of your baby. I strive to give you the best quality prenatal, birth and postpartum care available. It is my intention to provide you personal attention to facilitate a safe, spiritual and empowering event. In order to maintain balance with a personal life while being committed to your experience, I have intentionally limited the number of clients I will take. For these reasons, I have adopted the following payment plans.

The stated fee for my services is \$\_\_\_\_\_. Laboratory fees are not included and may run an estimated, additional \$600 total throughout the pregnancy and postpartum period. Lab fees will be due at the time the service is rendered. Please be prepared to pay \$300 for the initial visit at your appointment as well as laboratory fees incurred at that time.

I offer the following two payment options. Please review and select the option that reflects your situation, and initial in the space provided.

\_\_\_\_\_ Option #1: No insurance will be filed. Client agrees to the attached payment schedule, Exhibit 'A'. The full fee will be paid by the 36<sup>th</sup> week of pregnancy. A \$400 discount will be offered for this option. If payment is not made as agreed upon by the 36<sup>th</sup> week, the \$400 discount will be forfeited.

\_\_\_\_\_ Option #2: Insurance will be filed with \_\_\_\_\_ Insurance Company. Client agrees to pay \$3000 according to the attached payment schedule, Exhibit 'A' by 36 weeks. This amount covers deductibles, co-payment and expected non-payment by insurance company. Monies received from the insurance company in excess of the global fee will be refunded to the client.

Please Note: If a hospital transfer occurs prior to labor and the midwife does not accompany you to the hospital, a sum of \$1000 will be deducted from the total fee. If transfer occurs with the midwife in attendance, the total fee outlined will be due to HomeBirth Experience, Inc. In all circumstances, the client is responsible for payment of unpaid insurance claims WITHIN 90 DAYS after the birth.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Kellie Moeller, President



## Exhibit 'A'

### Payment Schedule

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

% Insurance to pay \_\_\_\_\_ Deductible/Co-payment to be met \$ \_\_\_\_\_

\_\_\_\_\_ Insurance Option:  
Total fee(excluding labs): \$ \_\_\_\_\_  
Amount to be paid by 36 wks: \_\_\_\_\_  
Fee paid for initial visit: - \_\_\_\_\_ 300  
Remaining to be scheduled: \_\_\_\_\_

\_\_\_\_\_ No Insurance Option:  
Total Fee (excluding labs):\$ \_\_\_\_\_  
Fee Paid for Initial Visit: - \_\_\_\_\_ 300  
Remaining to be scheduled: \_\_\_\_\_

#### Date Received

\_\_\_\_\_ Due by the 12<sup>th</sup> week of pregnancy \$ \_\_\_\_\_  
\_\_\_\_\_ Due by the 16<sup>th</sup> week of pregnancy \$ \_\_\_\_\_  
\_\_\_\_\_ Due by the 20<sup>th</sup> week of pregnancy \$ \_\_\_\_\_  
\_\_\_\_\_ Due by the 24<sup>th</sup> week of pregnancy \$ \_\_\_\_\_  
\_\_\_\_\_ Due by the 28<sup>th</sup> week of pregnancy \$ \_\_\_\_\_  
\_\_\_\_\_ Due by the 32<sup>nd</sup> week of pregnancy \$ \_\_\_\_\_  
\_\_\_\_\_ Due by the 36<sup>th</sup> week of pregnancy \$ \_\_\_\_\_

We understand and agree to this payment schedule as of this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Kellie Moeller, President



## **Client History/Personal Information**

Answer each question as truthfully as you can. You need not be concerned about accuracy.

1. What do you believe about your own personal birth (not your child's)?
  
2. What does your mother believe about your birth?
  
3. What does your father believe about your birth?
  
4. What does your mother believe about women?
  
5. What does your father believe about women?
  
6. How would a group of women in your family (aunts, sisters, grandmothers etc) fill in this statement?  
The women in our family are:
  
7. How would a group of women from your family (aunts, sisters, grandmothers, etc.) fill in this statement?  
Childbirth is:
  
8. What did you believe about sex at the age of 16?
  
9. What does your mother believe about sex?



10. What does your father believe about sex?
11. What do you believe about pregnancy?
12. What does your mother believe about pregnancy?
13. What does your father believe about pregnancy?
14. How do you feel about talking to a physician?
15. What have your friends told you about pregnancy?
16. What have your friends told you about childbirth?
17. What three words do you associate with pain?
18. What three words do you associate with 'hospital'?
19. What are your three most secret thoughts about childbirth?
20. What do you fear the most about your birth?



## **Client History**

### **1. Past Medical History**

List any significant infections (viral, bacterial, other)

List any bodily injuries

List surgeries (date, reason, place)

List hospitalizations (date, reason, place)

List any X-rays (date, reason place, type)

List your past and current diagnosed medical illnesses

List the childhood diseases you have had (German measles, mumps, chicken pox, rheumatic fever, etc.)

List any major body changes in the last two years

### **2. Coaches Form**

What memories do you have of your mother's or other relatives' experience of birth?

Have you have had other children, what was your experience with their birth? With parenting?

Do you have any particular concerns about pregnancy, birth and/or parenting? At this time what are your plans for your birth? Why?

How do you want to be involved in the birth? How can we help you to accomplish this?

## 1. Social History Form

Name: \_\_\_\_\_

Single     Married     Separated     Living Together     Widowed

How long? \_\_\_\_\_

Years of Education: \_\_\_\_ Highest Degree Attained: \_\_\_\_

Religious Preference: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Names of other persons living in your home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your spiritual beliefs and how do they affect your life?

What type of physical activity are you doing?

How much exercise do you get each week?

What do you think makes people healthy and what makes them sick?

What are your special interests?

List the places you have received health care in the last five years:

Please describe your current emotional status (How are you feeling?):

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Cell: 281-794-6646



Who do you turn to for support?

How was your relationship with your parents when you were growing up?

Have you ever had psychotherapy? Taken psychotherapeutic drugs? What kind:

Are you involved in personal growth activities?



## Medical Information

### 1. Drugs and Medication

List current medications you are taking.  
Have you ever taken or used any of the following?

Drug	Date of Last usage
Pep Pills/Speed	
Barbiturates (Downers)	
Benzedrine (Bennies)	
LSD	
Marijuana, Hashish	
Cocaine	
Heroin	
Other:	

### 2. Allergies

List any known allergies

What symptoms do you have?

Have you ever had an unusual reaction to a drug?

List drugs:

List reactions:

What specific problems do you have that you would like us to help you with?

What do you think are the best ways that we could help you with these problems?

What are your concerns or worries about this pregnancy and the experience of childbearing?



## **General Consent and Acknowledgements**

(Please print in your handwriting)

Date: \_\_\_\_\_  
Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### **PART I: Consent Form**

Being in approximately the \_\_\_\_\_ month of pregnancy and being \_\_\_\_\_ years of age, I hereby request enrollment with HomeBirth Experience, Inc. with the following understanding:

I/We understand that in the selection and treatment of mothers at HomeBirth Experience, Inc., you will rely on my medical history and the information about me, which I provide. I affirm that such information is and will be correct and accurate to the best of my knowledge. In addition, I agree to follow all of the rules, regulations and policies of HomeBirth Experience, Inc. with the understanding that I may voluntarily withdraw from enrollment at any time I wish.

I/We understand that childbearing is a normal human function. However, in any particular case, medical problems may arise unpredictably and suddenly which may be a hazard of childbearing or of being born. In case of emergencies, I authorize any member of the medical team to take appropriate measures, and when specialized equipment or hospitalization is believed required, transferring my baby or me to a hospital.

I/We understand that you will, during the prenatal period, attempt to recognize "signs" which may indicate that the course of pregnancy might significantly deviate from the normal, even though such deviation may not necessarily affect the outcome adversely.

If such is the judgment of the medical team, the management of my pregnancy shall be transferred to the consultant obstetrician for HomeBirth Experience, Inc., or to another physician of my choice. Should hospitalization become necessary, it is understood that I will be transferred to a hospital used by members of this practice, according to pre-established procedures and with one of your staff members accompanying me.

Upon admission your staff obstetrician will have direct and exclusive responsibility for my care. All hospital expenses incurred at such time or at any other time shall be my obligation and are not included in our financial arrangement.

I/We understand that the practice of medicine, nursing and nurse-midwifery are not exact sciences and I acknowledge that no guarantees or assurances have been made to me concerning the results of the treatments, examinations or procedures to be performed.



I/We accept responsibility for the consequences of childbirth and for the decision to give birth at home with the assistance of a Certified Nurse-Midwife.

I/We understand the educational background of Certified Nurse-Midwives and know what emergency equipment they carry with them which includes: infant resuscitation equipment, oxygen, medication for hemorrhage, and medication for perineal laceration repair.

I/We accept responsibility for deciding whether or not to seek medical assistance upon recommendation of the Certified Nurse-Midwife when such assistance should be sought.

I/We hereby state my intention to give birth at home with the assistance of HomeBirth Experience, Inc. and absolve the practice of legal responsibility relating to my decision before, during or after birth.

I/We understand the operation of HomeBirth, Inc. and its limitations and have had full opportunity to ask any questions.

I/We agree to make a responsible effort to educate and inform myself on all aspects of pregnancy and childbirth in order to achieve the normal, natural home pregnancy and childbirth I desire by committing myself to the attached list of responsibilities.

## **PART II: Malpractice**

Due to the rising cost of malpractice insurance, HomeBirth Experience, Inc. has chosen NOT to carry any malpractice or liability insurance for ourselves. We want you to know that this is a risk for you. We would be happy to discuss this with you further if desired. Your signature on this document indicates that you understand this risk and agree to continue or initiate care with us without the protection of malpractice insurance in the event of an injury.

## **PART III: Terms of Payment**

I/We, \_\_\_\_\_ (mother) and \_\_\_\_\_ (father), acknowledge and agree to the terms of payment to HomeBirth Experience, Inc. as outlined in the attached Payment Agreement and Payment Schedule. I/We further understand that the initial examination fee is \$300.00, and is payable at the time of my initial visit. The fee is non-refundable, does not include lab fees and will be credited toward my obstetrical fee.

I/WE HAVE READ and understand the above statements including: Part I (Consent Form,) Part II (Malpractice,) Part III (Terms of Payment,) and have had opportunity to ask questions. It is entirely acceptable.

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**Patient Signature confirmation of receipt of consent form,  
acknowledgement of having read and agree to consent form.**

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If Father's signature is not available, please state reason: \_\_\_\_\_)

## Diet Chart

<b>Wk #:</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							
Vitamins							