



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

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Payment Agreement

We are happy to welcome you to this practice. It is our honor to assist you with the birth of your baby. We believe in giving the best quality of prenatal, delivery, and postpartum care possible. It will be our intention to give you our personal attention to facilitate a safe, spiritual, and empowering experience.

Our ability to provide you with this service depends on our receiving financial payment for these services. We have purposely limited our practice to a selected few in order to maintain balance with a personal life and still be completely committed to your experience.

The stated fee for our services is \$_____. We 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 payment schedule attached hereto as Exhibit 'A.' The full fee will be paid by the 36th week of pregnancy.

___ Option #2 Insurance will be filed with _____ Insurance Company. The portion of the fee which client feels will not be covered by insurance will be paid by the 36th week of the pregnancy, according to the schedule attached hereto as Exhibit 'A.' Client agrees that any portion of the fee remaining unpaid from the insurance company upon 90 days after the birth will be paid directly by the client. If insurance proceeds are received after full payment is received, it will be returned to client.

Please Note: If a hospital transfer occurs prior to labor and the midwife does not accompany you to the hospital, the fee will be prorated. 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 expected to make payment in full for any amount that is not paid by your insurance company WITHIN 90 DAYS after the birth. For this reason, you should obtain, in writing, a statement from your insurance company regarding the amount you can expect to be paid by them toward this pregnancy. Signing this agreement states you are committed to paying this fee as stated.

Mother

Father

Kellie Moeller



Exhibit 'A'
Payment Schedule

Name: _____

Date: _____

We're insured through: _____

Total Fee: _____
Anticipated Insurance Reimbursement: _____
Amount Not Covered: _____
Date Received _____
_____ Due by the 12 week of pregnancy \$ _____
_____ Due by the 16th week of pregnancy \$ _____
_____ Due by the 20th week of pregnancy \$ _____
_____ Due by the 24th week of pregnancy \$ _____
_____ Due by the 28th week of pregnancy \$ _____
_____ Due by the 32nd week of pregnancy \$ _____
_____ Due by the 36th week of pregnancy \$ _____

Total: _____

We understand and agree to this payment schedule as of this _____ day
of _____ 20__

Mother

Father

Kellie Moeller



Promissory Note

\$_____ .00

League City, Texas

Date: _____

For value received, the undersigned ("Maker"), promises to pay to the order of HomeBirth Experience, inc., ("Payee") in the city of League City, Galveston County, Texas, the principal sum of ___thousand hundred and no/100 (\$0000.00), together with interest from _____ on the principal balance of this Note from time to time outstanding prior to default or maturity at an annual rate of interest often percent (10%).

Principal and interest on this Note shall be due and payable as follows:

- A. Principal and Note shall be due and payable according to the attached payment schedule, Exhibit 'A'.
- B. The principal of this Note shall be due and payable on demand in the event the Maker shall default in making any payments due under this note within 10 days of its due date, or if demand is not sooner made then on _____ (one year from date)

The principal of this Note represents the fee charged by the Payee to the Maker hereof for midwifery services rendered, and the Maker's obligation hereunder shall be limited to the total amount of fee earned at the termination of services provided. The Maker shall have the right to prepay all or any part of the principal sum due upon this Note at any time in advance of the maturity hereof.

Interest on this Note shall be waived if the principal is paid according to payment schedule Exhibit 'A'. If payments are not made according to the schedule, then interest shall be charged at the rate of 1% per month on the outstanding principal balance.

If default be made in the payment of any installment of principal or interest under this Note, the entire principal balance and accrued interest owing hereon shall at once become due and payable without further notice, at the option of the holder of this Note. Failure to exercise this option shall not constitute a waiver of the right to exercise the same in the event of any subsequent default.

All past due installments of principal and, if permitted by applicable law, of interest, shall bear interest at the highest rate permitted by applicable law, or if no such maximum rate is established by applicable law, then at the rate of 18% per annum.



The Makers, signers, sureties, guarantors and endorsers of this Note severally waive demand, presentment, notice of dishonor, notice of intent to accelerate maturity hereof, diligence in collecting, grace, notice and protest, and agree to one or more extensions for any period of periods of time and partial payments, before or after maturity, and to the release of all or any of the security hereof, without prejudices to the holder; and if this Note shall be collected by legal proceedings or through a probate of bankruptcy court, or shall be placed in the hands of an attorney for collection after default or maturity, the undersigned agrees to pay all cost of collection, including reasonable attorneys' fees, exceed interest at the highest lawful rate, an amount equal to any excessive interest shall be applied to the reduction of the principal amount hereunder and not to the payment of interest, or if such excessive interest exceeds the unpaid balance of principal hereof, such excess shall be refunded to the undersigned. All interest paid or agreed to be paid to the holder hereof shall, to the extent permitted by applicable law, be amortized, prorated, allocated and spread throughout the full period until payment in full of the principal of this Note so that the rate of interest hereon is uniform throughout the term hereof. This paragraph shall control all agreements between the undersigned and holder hereof.

This Note shall be construed in accordance with the law of the State of Texas and the laws of the United States of America applicable to transactions in Texas.

The Maker hereof agrees that during the full term hereof the maximum lawful interest for this Note determined under Texas law shall be the Indicated Rate Ceiling as specified in Article 5069-1.04 of V.A.T.S. Further, to the extent that any other lawful rate, including but not limited to, rates allowed under the laws of the United States of America, exceed the rates so determined, then the higher ceiling rate shall apply.

Any check, draft, money order or other instrument given in payment of all or any portion of this Note may be accepted by the holder hereof and handled in collection in a customary manner, but the same shall not constitute payment hereunder or diminish any rights of the holder hereof except to the extent that actual cash proceeds of such instruments are unconditionally received by such holder and applied to this Note in the manner elsewhere herein provided.

If any one or more of the provisions of this Note are determined to be unenforceable, in whole or in part, for any reason, the remaining provisions shall remain full operative.

All payments of principal and interest on this Note shall be paid in the legal currency of the United States.

The attached payment schedule Exhibit 'A' is a part of this contract.

Maker

Date



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?):



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 \$250.00, 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.



**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

| Wk #: | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|--------------|------------|-------------|------------|--------------|------------|------------|------------|
| Breakfast | | | | | | | |
| Snack | | | | | | | |
| Lunch | | | | | | | |
| Snack | | | | | | | |
| Dinner | | | | | | | |
| Snack | | | | | | | |
| Vitamins | | | | | | | |