



Mother's Embrace Association
 (A Private Health Membership Association)
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Sliding Scale and Other Financial Information

Payment for services is based on the following monthly net income scale, based on the poverty guidelines found here, aspe.hhs.gov/topics/poverty-guidelines.

Number of people in family:	Fee - \$3,000 Deposit - \$600	Fee - \$3,600 Deposit - \$720	Fee - \$4,200 Deposit - \$840
2	Below \$2,029	Between \$2,029 - 2,670	Above \$2,670
3	Below 2,552	Between 2,552 - 3,359	Above 3,359
4	Below 3,076	Between 3,076 - 4,047	Above 4,047
5	Below 3,599	Between 3,599 - 4,735	Above 4,735
6	Below 4,122	Between 4,122 - 5,424	Above 5,424
7	Below 4,645	Between 4,645 - 6,112	Above 6,112
8	Below 5,168	Between 5,168 - 6,800	Above 6,800
9	Below 5,691	Between 5,691 - 7,489	Above 7,489
10	Below 6,214	Between 6,214 - 8,177	Above 8,177
11	Below 6,738	Between 6,738 - 8,865	Above 8,865
12	Below 7,261	Between 7,261 - 9,554	Above 9,554

How to calculate your fee:

1. Count how many people live in your home (more than 50% of the time), include the new baby. Find the row for that number of people.
2. Determine how much you bring home each month (net). Look at the row for the number of people in your home, then find which column your income falls in. The fee you will owe is at the top of that column. The deposit is directly under the fee.

For example, if you have 4 people in your home, look at the first column and find the row that starts with 4. If you bring home about \$3,500 per month, follow across that row until you find which column \$3,500 falls into. Then, look at the top of that column, the fee you would be asked to pay is \$3,600.

Deposit:

A non-refundable deposit of 20% of your midwifery fee will be due at your first prenatal visit. This will be deducted from your total amount due.

Payment Plans:

If you need to make payment arrangements, you may do so as long as the final payment is made before the final postpartum visit. I suggest paying four more payments equal to your deposit, this makes the math less confusing. I do recommend paying as much as possible before the birth.

HSA Cards:

HSA accounts will pay for home birth midwifery. They will require a global bill at the end of care. This cannot be provided until AFTER your final 6-week postpartum visit AND your invoice is paid in full. It will be provided as soon as possible after those two things occur. Please call your HSA provider to verify before you hire me.

Birth Pool Rental:

I will provide a birth pool upon request for an additional fee of \$250. That includes the use of the pool, the air pump, both hoses, the drain pump, and a disposable liner. The instructions that accompany the pool must be followed or there may be charges to replace the equipment. For example, there is no way for me to clean the inside of the white hose. If it is put in the water while the birthing person is also in the water, it must be considered contaminated and cannot be used for another birth. The pool, liner, air pump, and fill hose are usually brought to your 36-week visit. I keep the drain pump and drain hose in my car until after the birth to prevent contamination of the birth pool.

Other Supplies and Services:

Most of the supplies that you need, you probably already have in your home. I will give you a list of anything else that you might need to get or put together in one place for the birth. I will bring anything else that we might need. Most other services, i.e., Ohio's birth certificate paperwork, Ohio's Newborn Screen, CCHD Screen, emergent visits, FMLA paperwork, etc., are included in your midwifery fee unless individual arrangements need to be made. Holistic Parenting, breastfeeding, and childbirth education classes are NOT included.

Appointments:

All scheduled appointments will be held in your home. I understand that there are times when appointments must be rescheduled. Please contact me as soon as possible to do so. If you fail to contact me and miss an appointment, there is a \$100 missed appointment fee.

Missed Payments and Bounced Checks:

If you must alter the payment plan that you created and committed to in your Responsibility Agreement, you must notify me immediately. Please do not wait until the day that the payment was promised to tell me. If you miss a payment, there is a late or missed payment fee of \$50 per event. There is a \$50 bounced check fee. Repeated missed payments or bounced checks may be cause for termination of care.