



## Maternity Care Agreement

**Welcome to Family to Family!** It will be an honor to serve you and your family. We are proud to offer the most comprehensive and heartfelt maternity care around; respecting and working with the natural unfolding of pregnancy and birth as well as fully standing with you should complications arise. Our packages cover routine prenatal care, labor and birth attendance, postpartum care and our immunization class. Please refer to our maternity services handout and your insurance carrier for details on what is and is not covered in your care. *Additional charges may be assessed for more involved care as well as childbirth classes, books and supplements.*

Please select the payment option that suits you best. Please bring this paperwork along with a copy of your insurance card or Medicaid card to your first appointment, at which time our office manager will review the agreement with you and answer any questions. Also, please arrange with our office to have your previous prenatal/birth medical records sent to Family to Family.

| Maternity Packages  | Price  |
|---|--|
| <input type="checkbox"/> <b>Option 1~Pregnancy Medicaid ONLY</b> <ul style="list-style-type: none"> <li>▪ Prenatal, delivery and postpartum care up to 6 weeks for Mom</li> </ul>   | <i>Full coverage under Medicaid, no out of pocket expense</i>  |
| <input type="checkbox"/> <b>Option 2~Commercial Insurance Primary, Pregnancy Medicaid Secondary</b> <ul style="list-style-type: none"> <li>▪ Prenatal, delivery and postpartum care up to 6 weeks for Mom</li> </ul>  | <i>No out of pocket expense for covered services, Payment for services is limited to fees set by Medicaid and your insurance company and paid directly to Family to Family.</i>  |
| <input type="checkbox"/> <b>Option 3~Commercial Insurance</b> <ul style="list-style-type: none"> <li>▪ Prenatal, delivery and postpartum care up to 6 weeks for Mom.</li> </ul>   | <b>\$4600 (Valued at \$5600 offering a \$1000 discount)</b><br>\$500 deposit at intake _____<br>\$500 due by 20 wks _____<br>\$500 due by 28 wks _____<br>\$500 due by 36 wks _____<br>\$ _____ due after insurance reimbursement<br><i>FTF will bill your insurance the global CPT code 59400 and patient is responsible for remaining balance.</i> |
| <input type="checkbox"/> <b>Option 4~Self-Pay</b> <ul style="list-style-type: none"> <li>▪ Prenatal, delivery and postpartum care up to 6 weeks for Mom.</li> </ul>   | <b>\$4000 (Valued at \$5600, offering a \$2600 discount)</b><br>\$500 deposit at intake _____<br>\$500 due by 20 wks _____<br>\$500 due by 24 wks _____<br>\$500 due by 28 wks _____<br>\$500 due by 32 wks _____<br>\$500 due by 36 wks _____<br>\$500 due by 40 wks _____<br>\$500 due at 6 wk PP visit _____                                      |
| <b>Add-on for Option 4 :: (not included in the Maternity Packages)</b>  |  |
| Package   | Price  |
| <input type="checkbox"/> <b>Routine Lab Package</b> <ul style="list-style-type: none"> <li>▪ Initial labs</li> <li>▪ Vitamin D level</li> <li>▪ Pap smear – prenatal or postpartum</li> <li>▪ Baseline urine culture</li> <li>▪ 28 week labs</li> <li>▪ 36 week labs</li> <li>▪ Venipuncture</li> <li>▪ Specimen Handling Fees</li> </ul> | <b>\$500 (Valued at \$900, offering a \$400 discount)</b><br>\$250 due at intake _____<br>\$250 due at 36 wks _____  |

## Family to Family Policies

**Valuing Our Time and Yours~** Family to Family does not double-book appointments. If you are unable to make a scheduled visit, it impacts our ability to care for others who may need assistance. We ask that you **cancel 24 hours before your appointment time**. Our office does offer reminder calls as a courtesy, but changing or rescheduling your appointment is your responsibility. If you accumulate 3 no shows, we reserve the right to discharge you from our practice. In turn, we would like to extend the same consideration for your time. If we are more than 45 minutes late for your appointment without giving you notice, you will receive a 20% discount on your visit. Please understand that occasionally we may need to change your appointment at the last minute due to the unforeseen nature of birth. Thus there are no discounts for schedule changes due to birth. We will do our best to reschedule your appointment in a convenient way. *(This discount does not apply for Medicaid patients as we cannot charge for missed appointments under Medicaid policy.)*

**Discontinuation of Care Policy~** We understand that birth plans may change out of medical necessity or choice. If you discontinue care with Family to Family for any reason, we are no longer able to offer the discounted global maternity package option. You will be responsible for payment for services received. For patients choosing Option 3 who do not birth with us, your insurance requires us to charge one fee for 7 or fewer visits (\$1435) and another fee for 8 or more visits (\$3160). We will send a claim to your insurance provider and balance bill you for any remainder. For patients choosing Option 4, you will be responsible for your individual visits with us at our standard hourly rate.

## Checklist for All Maternity Patients

### Checklist for Option 1

- If I already have some form of Medicaid, I have contacted my case worker and have requested my status change to pregnancy Medicaid.
- If I already have pregnancy Medicaid, but am listed with another provider, I have contacted my case worker and changed my provider to Family to Family.
- I have confirmed that I DO NOT have any other form of insurance: *(please circle one)* **Yes No**
- I do have another form of insurance but do NOT have maternity benefits. I understand that even though I don't have maternity benefits under my other insurance, Family to Family must first bill my primary insurance to get a denial before Medicaid will pay for their services. I have provided Family to Family with a copy of my other insurance card to assist them in receiving payment for services. *This is very important for Family to Family to know upfront as it affects our billing practices.*

### Checklist for Option 2

- I have applied for Pregnancy Medicaid and was approved: *(please circle one)* **Yes No**
- I have confirmed that I have out of network maternity benefits through my commercial insurance carrier and have provided my insurance information to Family to Family.
- I have checked with my insurance carrier and confirmed that they indeed require global billing using CPT code 59409.
- I have provided Family to Family with a copy of my Medicaid and commercial insurance cards.

### Checklist for Option 3

- I have confirmed that I have out of network maternity benefits through my commercial insurance carrier and have provided my insurance information to Family to Family
- I understand that I am responsible for charges not covered by my insurance provider

### Checklist for Option 4

- I have applied for Pregnancy Medicaid and was not approved.
- I have confirmed with my current insurance provider that I do not have maternity benefits.
- I have reviewed the Self-Pay Option with my family and feel we are able to invest in this payment plan.



## Agreement

I have read, understood and accepted the maternity care services, policies and agreement as written.

I understand there may be unforeseen expenses, in addition to this agreement, that may also be my responsibility.

I understand that the maternity package fees listed are based upon routine care only. If complications arise or additional counseling services or extended time for visits are needed or requested, my insurance may or may not cover these additional services and additional fees may apply. Family to Family will discuss this with me before charging for services.

I understand that the fees set in this maternity agreement do NOT include fees for herbs, supplements or books that may be recommended by the doctor, or any services performed by another provider (such as hospital facility fees, ultrasounds, chiropractic, etc.) which my commercial insurance/Medicaid may or may not cover

I agree to pay for any services not covered by insurance or Medicaid at the time of service or within 30 days of being billed to avoid finance charges.

If choosing Option 3 or 4, I agree to pay for maternity services by dates assigned.

I give my permission for Family to Family to share my medical information with referring providers for the purposes of my care.

I give my permission for Family to Family to share my medical information or discuss my care with the following friends or family members:

I authorize the processing of commercial medical insurance and/or Medicaid. My signature authorizes payment directly to Family to Family when applicable. I authorize my insurance company or Medicaid to make payments directly to Family to Family, and I authorize Family to Family to release my medical records if necessary for the purposes of third party reimbursement. I further authorize assignee (FTF) to release all medical and/or insurance claim information necessary to secure payments. In the event that my insurance carrier cuts a check that leaves my account with a credit, I understand Family to Family will pay me the difference.

I authorize Family to Family to render treatment to me and provide information to me personally regarding my care.

*In sharing, we learn. Our time together can be helpful in teaching and inspiring others. No one tells the story of our care better than you! If appropriate, we'd like to be able to share the story of your birth and pregnancy with our colleagues, patients, residents and students for teaching purposes. No identifying information or names will be shared. We'd also like to be able to use photographs, testimonies and stories from your birth and your visits for our website, marketing and educational material. At times, it is helpful for us to be able to share medical information with and make referrals to collaborating care providers and support services. Please check the appropriate boxes to provide such authorization.*

**Birth Plans:**     yes     no                      **Photographs:**     yes     no                      **Birth Stories:**     yes     no

I authorize Family to Family to keep my credit card number on file for prenatal payments as listed above. My signature below allows HelpER PA, (doing business as) Family to Family to charge my credit card the agreed upon amount on the assigned dates.

Your credit card Company: Visa/MC/Discover/Amex (circle one)

Your credit card number: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
3 digit code on back of MC/Visa or 4 digit code on front of AMEX

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Print Name of Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father/Partner (if applicable)

\_\_\_\_\_  
Print Name of Father/Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of FTF Manager

\_\_\_\_\_  
Print Name FTF Manager

\_\_\_\_\_  
Date

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**Patient Registration Information**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Other # (*Specify*) \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_ Partner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name & Relationship to you: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Primary Insurance**

Insurance company: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Insurance company phone # \_\_\_\_\_

Subscriber or Medicaid # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Policyholder's Date of Birth: \_\_\_\_\_ SS# of Policy Holder: \_\_\_\_\_

Effective Dates: Coverage begins \_\_\_\_\_ Coverage ends \_\_\_\_\_

**Secondary or Change of Insurance**

Insurance company: \_\_\_\_\_

Insurance company address: \_\_\_\_\_

Insurance company phone # \_\_\_\_\_

Subscriber or Medicaid # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Policyholder's Date of Birth: \_\_\_\_\_ SS# of Policy Holder: \_\_\_\_\_

Effective Dates: Coverage begins \_\_\_\_\_ Coverage ends \_\_\_\_\_