

Cardinal Birth Midwifery
Billing arrangement & agreement

As an "out of network" maternity provider, Cardinal Birth utilizes a private billing company for payments from insurance after the care is completed.

Clients are responsible for paying their midwife the "cash price" for midwifery care, paid before/at the time of service as agreed per contract.

The prices billed to your insurance are the full fees at national rates.

*We do ask ALL clients to submit their insurance information to verify benefits and eligibility.

Instructions for confirming eligibility (verification of benefits) are at the bottom of this form.

Your midwife will be notified of your eligibility and forward to you any information and further instructions.

You will NOT owe any more than the cash price agreed to with your midwife, whether insurance pays or not.

You will not owe any money to your insurance.

Your midwife will submit claims for services after the postpartum care is complete.

The billing company will bill your insurance for a provider fee and a facility fee.

Processing claims can take up to 6 months, however most claims are processed within 45 days.

You may still see an OB on your insurance plan, and the bills we submit will be billed **ONLY** for services rendered by your midwife, and as "out of network maternity".

Important notes on claims

***Clients must have OUT OF NETWORK MATERNITY COVERAGE to be eligible. The *verification of benefits* will inform you if this is the case. You do not need to call your insurance company to confirm. Our biller will confirm this with the verification of benefits.**

***Share programs and state insurance are not billable**

***Eligibility notice from insurance will not offer a set monetary amount for payments. Insurance companies decide after the care is complete and the bills are sent.**

***Clients who have not paid their fees in full, will not receive reimbursement, unless the reimbursement covers their remaining contracted fees with the midwife.**

***The billing company will keep 30-33% of the total reimbursement payout.**

***The reimbursement deductible & co-insurance is paid to the midwife. 30% of the coinsurance payment will be waived for facility payments since the birth is in the home of the client.**

***Some reimbursements will go directly to the biller, and some clients may receive the checks directly from the insurance company
Clients are required by law to send the check back to midwives advantage, or to e-deposit as per instructions from the biller.**

Once a check has been sent to the client, an email will be sent from the biller with instructions.

***Payments from these claims come in two payments, one for a facility fee, and one for a provider fee.**

***Reimbursements will be paid to the clients by the midwife, after both the facility and the provider claims have been paid or closed.**

INSTRUCTIONS

Please go to [midwivesadvantage.com](https://www.midwivesadvantage.com) for more information

BEFORE/AT THE TIME OF SIGNING A CARE CONTRACT WITH CARDINAL BIRTH:

Please go to the following link and enter your insurance information

<https://www.midwivesadvantage.com/abigail-iovine.html>

Please make sure you sign the docuSign consent to bill form when you submit your verification of benefits.

If you have any questions, your midwife can direct you to the claims manager, they are available by email during normal business hours.

PLEASE E-SIGN AND DATE