



Dr. Morgan Titus Rau, ND, CPM
 Naturopathic Doctor & Certified Professional Midwife
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 Maine ND License #NP288, CPM License #CPM645

Patient Name: _____

Midwifery Services	Code	Fee
CPM / Doula Consult	99272	Free
Prenatal Care (all visits)	59400	1500
Delivery (Birth)	59409	2000
Postpartum Care (all visits)	59430	1500
Birth Kit (Disposables)		55-75
Birth Tub & Supply Rental		75-200
Doula Services for hospital birth (includes 1-2 prenatal appointments, labor support, and 1-2 postpartum appointments)	59409	1500
Birth Assist as Secondary		600
Other:		

Laboratory (optional)	Fee (estimates)
Blood Group Type	50
CBC w/ Diff.	25
Ferritin	20
Glucose (Fasting or Postprandial)	20
Group B Strep vaginal culture	20
Pap Smear	135-270
PKU Newborn Metabolic	220
Prenatal Panel (HIV, Hep B, Rubella, RPR, CBC, Blood Group & Type, Antibody Screen)	300-400
Thyroid Panel (TSH, Free T3, FreeT4)	80
UA Culture (routine)	30-60
UA Dipstick	10
Vaginal Culture (general)	60
Vitamin D3 (OH-25)	40
Blood Draw Fee	25
Lab Handling Fee (urine, cultures)	10
Other:	

ICD-10 Diagnosis Code(s);

- Z71.89 Pregnancy Consultation
- Z34.9 Prenatal Care
- Z38.1 Home Birth
- Z39.0 Immediate Postpartum
- Z29.2 Postpartum Care

Provider's Signature: _____

Prenatal Care: \$1500 includes all Prenatal office visits and one home visit at approximately 36 weeks. This includes consultation, education, urinalysis, and a full prenatal physical exam at each visit. \$500 deposit is due at the first prenatal appointment.

If you pay per visit:
 \$250 each Office Visit + \$350 Home Visit at 36 weeks

Delivery: \$2000 total includes all labor calls and 24/7 on-call from week 37 until delivery. Maine Family Natural Health pays the Secondary Midwife \$600 to attend (included in the delivery fee).

Postpartum: \$1500 for 6 weeks of on-call 24/7 postpartum care, including, but not limited to, 3-4 home visits (Day 2, Day 7, Day 14) and 1 office visit at 6 weeks. This total includes the Newborn Metabolic Screening test (\$250).

If you pay per home visit:
 \$300 per visit + \$250 Newborn Metabolic Screening test

Pre-payment Discount: if all fees are paid by 37 weeks, there is a \$500 discount to the total midwifery fee. This does not apply to per-visit payment plans, birth assists, or doula services.

Statement of Financial Responsibility:

I understand and agree to the following:

- Payment for services rendered is my responsibility as the patient or patient's responsible party.
- I am responsible for paying for all services, including lab tests, rendered at the time of service.
- If I am receiving a discount of any sort, I am responsible for providing accurate and thorough documentation supporting it and I am responsible for paying in full at the time of service.
- I acknowledge that I am financially responsible for all charges. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize Maine Family Natural Health to release information necessary to secure payment.

I have fully read and understand the above agreements and authorizations.

Client _____ Date _____

Witness _____ Date _____