How Insurance Works in Home Birth Midwifery Care

1- First you get a Verification of Benefits through your midwife practice
2- If possible, get an In Network Exception:
- Could your care be covered at an in network rate?

Example situation if your midwife is considered "In Network:"
$6500 - Amount Birth Local Midwifery says the Client is Responsible For

If broken down:
Birth - $4000
Prenatal Care - $1800
Postpartum visits (3 in home, 1 in office) - $450
Newborn (3 in home, 1 in office) - $450

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Global Fee - a code that is billed to insurances and meant to cover the above visits (except the newborn who is billed separately). Cannot be paid to us by your insurance ***if you transfer to a hospital during your labor*** because the hospital will then use this code and we did not perform the "delivery."

The "Allowed Amount" is the amount your insurance says each clinical code is actually worth. Like, I say, this loaf of bread costs $8 and your insurance says it's only worth $4. The insurance company is willing to pay for mass produced white bread and I'm selling home made sourdough.

Here are some sample "allowed amounts." These may not reflect current prices and each insurer is different.
Birth - $2100
Prenatal Care - $100 per visit, 13 visits - $1300
Postpartum - $300
Newborn - $150
Total Insurance Allowed Amount $3850 in this example

Your Share (example):
Deductible $1000
Co- pay 20% = $770
3850 - 1000- 770 = $2080

If the midwife is "Out of Network" and you cannot get an exception:

- separate deductible from the In-Network
- insurance pays a relatively lower amount
- Sometimes cannot get them to pay at all