

Brenda Parrish, DEM, CLC, CD(DONA), CCCE
P.O. Box 1544
Thomasville, GA 31799

Financial Agreement

I, _____, hereby agree to pay Brenda Parrish of South Georgia Birth Services, \$_____ for services rendered during pregnancy, labor, birth and postpartum.

This will include prenatal consultations, and my presence (unless providentially hindered) during labor and birth, and a postpartum checkup. Any required labs, tests, medications, birth kits, etc. are at the client's expense. Please make arrangements to get receipts from the providers of these services which may be turned in to your insurance company.

South Georgia Birth Services is unable to accept insurance or Medicaid payments at this time.

- I agree to pay a \$150 deposit and the balance of the fee in lump sum by _____ (mid-point of providing services)
- I agree to pay a \$150 deposit and half the fee by _____ (mid-point) and the balance by 37 weeks.
- I agree to pay \$250 per month until the balance is paid, but balance is due by 37 weeks gestation.

_____ (Father)

_____ (Mother)

_____ (Brenda Parrish)

_____ Date agreed and signed

If parents determine they are no longer interested in a homebirth or desire to receive their care elsewhere, the only charges will be \$100 for each prenatal visit (\$150 for any home visit). Any outstanding balance will be canceled and any funds received in excess of the prenatal visits will be refunded. I am not responsible if clients call me too late to arrive at a precipitous birth. If fees are not paid by the agreed upon date, client is subject to termination of care.