



Specializing in Midwifery and Birth Center Billing

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Thank you for your interest in my insurance billing services!

My name is Andrea and I'm an independent contractor that provides billing services for midwives and birth centers. Your midwife has a contract with me that allows me to file claims under their license. This enables me to provide a variety of services for people who have out of network benefits and would like to utilize them.

The first step in the process is finding out if you have out-of-network (OON) benefits. You can call your insurance and ask them, go online and look at your benefits for maternity care, or I can run your benefits and find out for you.

If you do NOT have OON benefits then your insurance will not cover any portion of care with your midwife.

If you DO have OON benefits then I will estimate your insurance reimbursement. Every insurance is vastly different and I cannot guarantee what your insurance will reimburse, if anything. What I CAN do is give you a breakdown of what all of the different scenarios will be based on your coverage. When it comes to filing the claim with your insurance company, there are a couple of different options. You may submit a super bill (insurance claim) yourself after the birth of your baby, or I can submit a claim for you. For self-filed claims, you would be responsible for any follow-up with your insurance. If I file the claim then I would be responsible for any follow-up.

Since I'm independent from the midwifery practice, I do have my own fees associated with my services and a contract that must be signed that gives me permission to access your benefits, medical records, and if you elect, file on your behalf. I accept Venmo and PayPal.

Verification of Benefits and preauthorizations: \$30 each. If preauthorization for services is required the \$30 additional fee covers up to 1hr of my time

Superbill Creation for self-filing: \$35 for the first one; \$10 for each round of corrections or specific modifications as requested by your insurance. This doesn't usually happen, but some insurances have very specific rules for when patient's submit bills that are different from when I submit them.

Claim Filing: 10% of the allowed amount. This is the amount your insurance "allows" for the services billed, not how much I submit the claim for. I always submit for more than your insurance will pay to insure you get reimbursed as much as possible. The allowed amount will show up on your Explanation of Benefits (EOB) after the claim is finalized and your insurance disburses payment. This option requires a \$150 deposit/minimum fee, but the Verification of Benefits cost is waived. The remainder of the balance is due once your claim is settled with your insurance company.

I hope this answers most of your questions. Please let me know if you'd like to move forward and, if so, which billing option you would prefer. I will then send over the contract and instructions for next steps.

I look forward to hearing from you!

Andrea