

**Beautiful Beginnings Doula Services**

**Jocelyn Skinner**

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**Postpartum Doula Services**

I, Jocelyn Skinner have received training through ProDoula and am qualified to offer services as a postpartum doula. I will support the client’s decisions within my scope of practice.

The care provided by a postpartum doula includes but is not limited to: infant care, infant feeding support, postpartum recovery support, errands, light housekeeping and meal preparation.

I am not a medical provider and do not diagnose or treat medical conditions in the client or baby.

I agree to work with you on a pre-determined schedule, subject to availability and mutually agreed upon hours. My birth client’s needs supersede postpartum work and I will leave to join clients in labor if needed. Hours lost due to birth clients will be rescheduled as needed.

The billing period shall begin when I arrive at the client’s home and when working in the evening I am permitted to sleep if the baby is sleeping and all other agreed upon duties have been completed.

Shifts are a minimum of 4 hours and end by midnight. Hours worked after 7 pm are billed at $45 per hour.

All contracted hours must be completed within 3 months of commencement of services.

In the event I am not able to provide postpartum support services as scheduled, due to unforeseen circumstances like injury or family emergency, I will make all reasonable attempts to provide a back-up doula, or reschedule.

If client wishes to extend the contract beyond the initial agreement the client understands the doula will provide such services as availability permits and a new contract will be signed at that time.

**Fee for service**

* Postpartum services will be provided at $40-45 per hour with a minimum of 10 hours. Client wishes to contract for \_\_\_\_\_\_\_\_number of hours totaling $ \_\_\_\_\_\_\_. A nonrefundable retainer fee of $120 is due at the signing of this contract. The client will be billed for all contracted hours excluding the last 3 hours of care which will be covered by the retainer fee.

\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_ Clients Initials Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

* Doula will bill client for services on a weekly basis and payment is expected within 7 days of the posted date of billing. A 5% late fee will be added if payment isn’t made in a timely fashion.
* If no effort is made to fulfill payment within 14 days of receiving bill notice, I will be released from future contracted hours.
* If client cancels a scheduled shift with less than 24 hour notice, client will be billed for the requested hours.

**Certification of Acknowledgment and Acceptance of Services**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client (printed name)

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Client's Partner (printed name)

Due Date: \_\_\_\_\_\_\_\_ Planned Birth Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Care Providers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing this document you are agreeing to all the terms of the document and are agreeing to pay the fees and deposit listed in this document.**

Date: \_\_\_\_\_\_\_\_\_\_\_Doula signature \_\_\_\_Jocelyn Skinner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partner’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financially responsible party (if different from client)

The doula reserves the right to end the contract in writing and refund the retainer fee in the event of an emergency or if she no longer feels comfortable continuing.