

PAYMENT REQUIREMENTS
THE CENTRE FOR REPRODUCTIVE MEDICINE, P.A.

We understand that the treatment of infertility can be very costly. Unfortunately, many insurance companies do not cover the costs of many of our procedures. For this reason, we have several payment options to offer our patients and several office policies regarding payment.

*** PAYMENT IS DUE AT THE TIME OF SERVICE** ---- No Exceptions. Due to the fact that the majority of our services are elective procedures and are not covered by insurance, we must require that payment in full be collected at the time of service. Some treatment plans such as IVF and Super Ovulation require payment in full for the entire treatment cycle prior to beginning you medication.

*** INSURANCE** ---- Our office will file insurance for plans which we are participating providers. (First Care, Blue Cross Blue Shield, etc.) If we do not participate with your insurance company, you will be responsible for paying all office charges incurred and filing your insurance for reimbursement. If your insurance company has no infertility benefits, we **WILL NOT FILE YOUR OFFICE CHARGES** to your insurance company. We are responsible for submitting accurate information to your insurance company and failure to do so is not ethical. Therefore, we will not file services that are clearly not covered by your insurance company. Any copayment that your insurance requires you to pay must be paid at the time of service. Failure to collect your copay is violation of our contract with your insurance company; therefore you will be expected to pay your patient portion at every visit ---- **NO EXCEPTIONS!**

We understand that insurance benefits can be very confusing and will be glad to assist in providing you with any information you may need. Unfortunately, due to the number of insurance companies we deal with, it is impossible for our office staff to remember each patient's individual policy. Upon becoming a new patient, you will be asked to provide us with a copy of your insurance card. At that time, we will verify your benefits and infertility coverage. This information will be documented in your chart and your claims will be filed in accordance with the information provided to us by your insurance company. However, we encourage you to also call your insurance company to verify coverage**. **Please be aware that the verification of benefits obtained by you or by The Centre for Reproductive Medicine does not guarantee payment by your insurance provider.** Please be aware of your infertility coverage prior to your first appointment. Again, if you do not have coverage for the "treatment of infertility" we will not file any procedures that fall in to that category. This includes many of the ultrasounds that are done for the purpose of follicular monitoring. Also, please inform us of any changes in your insurance coverage along with a copy of your new insurance card. If you fail to notify us and your insurance claim is denied, you will be responsible for paying all charges incurred. The Centre for Reproductive Medicine does **NOT** participate in any government-sponsored health plans, such as **MEDICARE, MEDICAID OR TRICARE.**

** Please see attached Insurance Benefit Questionnaire

*** PAYMENT OPTIONS**

- * Personal Check
- * Personal loan from a bank or credit union
- * Visa, MasterCard, or Discover
- * Cash

Insurance Benefit Questionnaire

As a new patient to The Centre for Reproductive Medicine, we recommend that you contact your insurance company to determine whether you have any coverage for the diagnosis and treatment of infertility. Below you will find suggested questions to ask the representative. Please be aware that your insurance company may not consider this information to be a guarantee of coverage or payment.

1) Is Dr. Janelle Dorsett listed as a participating provider under Tax ID #: 272457200? _____

2) Do I need a referral from my PCP (primary care physician) to be able to see Dr. Dorsett? _____

3) Do I have coverage for testing to **diagnose** the cause of infertility? _____

a) If yes, what is my co-pay for diagnostic office visits? _____

b) Do I owe anything above and beyond my co-pay for diagnostic visits? _____

4) Do I have coverage for the **treatment** of infertility? _____

a) Do I have coverage for sonograms related to infertility treatment? _____

b) Do I have coverage for Artificial Insemination (IUI)? _____

c) Do I have coverage for In Vitro Fertilization (IVF)? _____

d) If yes, what is my co-pay? _____

e) If yes, what is my co-insurance? _____

5) What is my annual deductible? _____

a) How much is remaining for the current year? _____

6) Is pre-authorization required for the following:

a) Treatment procedures performed in the office? _____

b) Oral/Injectable Fertility Medications? _____

c) Obstetrical sonograms performed in the office? _____

7) Is pre-certification required for In Vitro Fertilization? _____

8) Is pre-certification required for out-patient surgery? _____

9) What is my lifetime maximum benefit for infertility? _____

Per _____ @ _____

Phone #: _____ Confirmation #: _____ Date: _____