

OFFICE POLICY

Design & Practice of Nevada Fertility C.A.R.E.S.

NFC (*Nevada Fertility C.A.R.E.S.*) has a team of highly trained physicians and a nursing staff in reproductive endocrinology and infertility for every phase of your evaluation and treatment. The first phase will be a comprehensive initial consultation with our nurse coordinator and a reproductive endocrinologist (physician). Following your consultation, you will generally require a number of initial tests. Then you will be scheduled for a follow-up appointment to discuss the findings and make final plans.

In order to keep the lines of communication open with your doctor, you will be urged to meet with your physician every 3 months for a consultation. If your treatment plan is progressing satisfactorily then you can decline this invitation and will be asked to visit in another 3 months. Of course you can make a consultation appointment with your doctor whenever you like and are invited to do so whenever the need arises.

When you have a positive pregnancy test please do not stop any of the medications that you have been placed on from this office. Call the office immediately and we will advise you what to do.

Of course, the final phase is when you become pregnant. When this occurs, *NFC* would like to follow you until a fetal heartbeat can be detected via an ultrasound. If your pregnancy was assisted by IVF, GIFT, ZIFT, or ICSI techniques, then *NFC* would like to follow you further until you are at least 12-14 weeks pregnant. We will then refer you back to your obstetrician, or if you do not have one, we will gladly suggest one.

Another way *NFC* is trying to help our patients is through a company called MDR. MDR is able to supply your medications for infertility treatments. Also, MDR may be able to offer payment plans for medications needed for your infertility treatment cycles.

Regarding Surgery

Your insurance contract defines to what extent the insurance company will reimburse the physician for your surgery. We bill your insurance company only as a courtesy to you. You are responsible for the balance of what the insurance company does not pay. If a deposit is required it must be paid at your pre-op appointment. If for some reason the insurance company does not pay within a reasonable time, or denies the claim, you are responsible for the charges and will be asked to pay. If you are a member of an HMO or PPO serviced by the doctor of *NFC*, we will accept your co-pay. It is important to remember that most, not all insurance companies pay for diagnostic procedures. However, very few companies pay for infertility treatment options. Therefore, if your insurance does not cover specific infertility treatments such as a tubal reversal or tubal reconstructive surgery, then payment is required in full prior to surgery.

Payment for Services:

Unless other arrangements have been made in advance, payment for services is due at the time services are rendered. We accept cash, checks, Mastercard, Visa, Discover and American Express. We will submit an insurance claim on your behalf if we have a provider contract with your insurance company only in the event the services being provided are covered under your benefit plan. Please do not assume this will be done with any insurance company. If your insurance company/coverage changes, please notify our office immediately.

Please understand:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you and not your insurance company.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment. You are responsible for these amounts.
3. Due to the vast number of insurance companies now handling benefits for patients it is impossible for this office to inform every patient of their benefits and what the requirements of their insurance companies are. Therefore, you are responsible for knowing your insurance benefits and what providers are included in your plan. You are also required to know your own insurance company's policy for referrals and authorizations, i.e., does your insurance require a Primary Care Physician (PCP) Referral? Do our physicians participate in your plan? What facilities participate in your plan?
4. If the insurance company does not pay in full within 30 days, we ask that you contact the insurance carrier. If your insurance does not pay in full within 45 days, we require you to pay the balance due with cash, check, or credit card.
5. Returned checks are subject to a \$35.00 returned check fee.

We do understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Financial Responsibility:

Member Name: _____

Insurance Company Name: _____

Member ID# _____

It is my understanding that any services provided by *Nevada Fertility CARES* and billed to my insurance company, even when the physicians office has been given authorization, may not be covered under my plan. I agree to pay to *Nevada Fertility CARES* any and all fees not paid by my insurance company and it becomes my responsibility to pay upon receipt of notification. I understand that I will be responsible for any and all collection costs that may be incurred should my account have to be placed for collection.

I have chosen to receive these services regardless of insurance coverage and further agree to bear full financial responsibility. Not signing by member/patient may result in cancellation of your appointment.

Date: _____

Member/Patient Signature: _____

I have read and completely understand and agree with the above policy and commitment of *NFC*. This will also serve as an assignment of any benefits due.

Signature: _____ DATE: _____

ATTENTION HMO/HPN PATIENTS: It is also your responsibility to obtain a referral from your OB/Gyn physician/provider to authorize each of your visits. In the event a referral is not obtained, insurance benefits will not be paid and you will be responsible for all fees incurred.