

BUSINESS OFFICE INFORMATION

As you are probably aware, infertility treatment can quickly become a huge financial investment. One of our most important roles in the business office is to guide you through the various steps necessary for you to make informed financial decisions regarding your treatment.

While we are always available to answer any financial questions as they arise, we do meet with you at specific times throughout your treatment to discuss your own personal financial and insurance situation. Generally, the first visit is at the time of your “Phase I” appointment (new patient – no treatment plan decided) where we obtain your health insurance information and discuss general coverage related to infertility treatment. RMIA will make every effort to verify your infertility coverage with your insurance company. This is not to be considered a guarantee of benefits. All decisions regarding coverage of services are the sole responsibility of the patient. Furthermore, if you are an IVF patient, you will also be seen at the time of your “Program Start” which occurs toward the end of the prescreening process.

Please review all of the information outlined in the business office section of this handbook. We believe it will provide you not only an adequate foundation on which to base your financial decisions, but also an avenue by which to formulate specific questions you may have regarding the financial aspect of your selected treatment.

DIAGNOSIS & TREATMENT OF INFERTILITY: AM I COVERED?

Determining whether your medical insurance coverage includes benefits for infertility can be a confusing and frustrating task. In some states (Arkansas, Hawaii, Illinois, Maryland, Massachusetts, Montana, New York, Ohio, Rhode Island, and West Virginia), insurance is required by law to provide coverage for infertility diagnosis and treatment.

The extents of the benefits to which you may be entitled vary from one insurance plan to the next. Patients need to familiarize themselves with their insurance and investigate plans that may be offered to them during their next available “open enrollment” period. Also, patients need to look at their spouses’ plans to determine whether or not infertility services are covered.

Contacting your insurer:

Be sure to document the name of the person(s) to whom you have spoken and his or her telephone and extension numbers.

Questions for your insurance company:

- ❖ What are my infertility benefits?
 - What is excluded?
 - What is included?
 - Do they cover diagnostic procedures?
 - Do they cover treatment procedures?
 - Do they cover drug therapy?

- ❖ Which of the following items are covered?
 - Blood draws for testing purposes?
 - Testing for blood hormone levels? (ie. Estradiol, Progesterone, HCG, FSH, LH, Prolactin)
 - Testing for infectious diseases and/or pre-screen requirements? (ie. HIV 1&2, Hepatitis B, Hepatitis C, Rubella, Blood type)
 - Testing for other hormones and/or disorders? (ie. TSH, Testosterone, DHEA-S, Lupus, Karyotype)
 - Semen Analysis?
 - Hysterosalpingogram (HSG)?
 - Ultrasound?

- ❖ Which of the following drugs are covered?
 - Clomid?
 - GnRH? (Gonadotropin Releasing Hormone Agonist – ie. Lupron)
 - HMG? (Human Menopausal Gonadotropin – ie. Repronex, Pergonal)
 - HCG? (Human Chronic Gonadotropin – ie. Ovidrel, Novarel)
 - FSH? (Follicle Stimulating Hormone – ie. Follistim, Gonal F, Bravelle)

- ❖ Do I need to use specific pharmacies or mail-order pharmacies?
- ❖ What types of treatments are covered?
 - IUI? (intrauterine inseminations)
 - IVF? (in vitro fertilization)
 - ICSI? (intracytoplasmic sperm injection)
- ❖ Do I need a referral for treatment, and if so, what is the process for obtaining one?
- ❖ Do I need pre-certification, and if so, how long is it valid once I obtain it?
- ❖ Do I have a lifetime maximum benefit, and if so, what is the limit?
- ❖ Do I have a calendar year maximum benefit, and if so, what is the limit?
- ❖ What is the maximum number of covered attempts for non-IVF procedures, such as IUI?
- ❖ Are freezing and thawing charges for sperm and/or embryos covered?
- ❖ Are donor sperm and/or egg options covered?

Questions for your employer or human resource manager:

- ❖ Are infertility treatments covered under my current health plan?
- ❖ Is there another plan available that has infertility coverage? If so, what is the cost difference, may I change plans, and when may I change plans?
- ❖ What is the waiting period before I can start treatment for pre-existing infertility conditions?

PAYMENT POLICIES

In compliance with the Federal Consumer Credit Protection Act, we wish to notify you of our policies regarding the payment of statements for services rendered on your behalf:

1. You will be furnished with a monthly statement of your account, showing any transactions on your account since the last statement. It includes all charges, payments and adjustments that have been made to your account.
2. Your statement indicates a total balance due and then allocates the balance to either insurance or patient responsibility.
3. Patient balances are due in full upon receipt of your monthly billing statement.
4. This office will file all necessary insurance forms with your insurance company along with the appropriate information requested by your insurance company.
5. Remember your insurance contract is between you and your insurance company/employer and does not ensure payment or coverage for services rendered to this office specialty.
6. Payment and/or co-payment for services rendered is **DUE ON DATE OF SERVICE**. Please contact our Business Office if you are unable to pay on the date of service.
7. If suit is necessary to enforce payment of a delinquent account, patients are liable for “reasonable attorney’s fees” incurred by us.
8. We are active members of the Credit Bureau.
9. Patients having services rendered by Reproductive Medicine & Infertility Associates are responsible for obtaining the necessary referral authorization for services from their insurance carrier. Patients may self-refer without referral authorization and be responsible for non-covered services. Any procedure not covered by insurance will be the patient’s responsibility to pay.
10. Those patients without the benefit of insurance coverage or who’s insurance RMIA does not participate with will be treated as “self pay” and will be required to provide a credit card. RMIA will charge the credit card on file for services rendered.

Reproductive Medicine & Infertility Associates

In compliance with the Federal Consumer Credit Protection Act, we wish to notify you of our policies regarding the payment of statements for services rendered on your behalf. Please review the following information regarding our two separate corporations, as there are distinct differences between them in the way payment is collected for services rendered. We want to be certain that you are well informed, so that you are able to have your questions answered prior to having any services performed.

I. Reproductive Medicine & Infertility Associates (RMIA)

RMIA/General Reproductive Health Center participates with most major insurance carriers and will provide services including (but not limited to):

- Physician visits/consults
- Second opinions
- Ultrasounds
- Infertility testing (excluding male diagnostic tests, see below)
- Ovulation induction
- Inseminations (excluding sperm preparation, see below)
- Confirmation of pregnancy

RMIA will verify in advance that coverage exist for services regarding consults, general infertility testing, and treatment. If services are covered, then RMIA will bill the insurance carrier directly. Once the insurance carrier has addressed the claim, RMIA will bill the patient for any remaining financial responsibility. If upon verification of insurance benefits it is known that your insurance does not cover certain services rendered by RMIA, then it is our policy to secure a credit card from the patient to cover the services rendered. **If a patient hasn't met his/her financial obligation after a treatment cycle, no further treatment will be conducted until the account has been settled.**

II. Infertility Laboratory & Surgery Center Associates (ILSCA)

(Prices are subject to change)

ILSCA does not participate with any insurance carriers and will provide services including (but not limited to):

- In vitro fertilization (IVF)
- Andrology – male diagnostic testing and intrauterine insemination preparations
 - Semen Analysis (\$110)
 - Semen Cryopreservation (\$110)
 - Antisperm Antibody Test (\$310)
 - Sperm Preparations (for intrauterine insemination)
 - Fresh sample (\$100)
 - Frozen sample (\$100)
 - Sperm and embryo storage fees (\$60/month)
- Surgeries – male/female
 - Tubal reversal
 - TESE/MESA procedures
 - General Surgery - laparoscopies, hysteroscopies, suction curettages
 - Hyperstim Aspiration

Payment for all services that fall within the scope of ILSCA is the direct responsibility of the patient, and will be collected in advance. Once services have been provided, then ILSCA will submit a complete HCFA 1500 form to the patient's insurance carrier on his/her behalf. The insurance carrier will then communicate directly with each patient regarding any possible reimbursement.

- ***Semen Analysis, Semen Cryopreservation, Antisperm Antibody Test, Sperm DNA Fragmentation:*** Charges are payable on the day of the specimen collection. You will need to show the lab staff a receipt that verifies payment prior to collecting the specimen.
- ***Sperm Preparations (for intrauterine insemination):*** Charges are payable on the day of the insemination prior to the service being performed.
- ***IVF:*** The full amount of your program fee is collected on the day of your program start.
- ***Surgeries:*** All surgery charges will be collected prior to scheduling the surgical procedure.
- ***Sperm and embryo cryopreservation are done at the RMIA Woodbury clinic only.***

* Please note that we do review benefits with patients but we cannot guarantee actual coverage of services.

Records Release

I hereby authorize Reproductive Medicine and Infertility Associates physicians to release to my referring and/or consulting physician, insurance company, spouse, or legal guardian, any information, diagnosis and records of treatment, concerning my medical history and medical care.

Assignment of Benefits

I/we hereby authorize that payment of any amount due by insurance be paid directly to: Reproductive Medicine and Infertility Associates. Payment is authorized upon receipt of an itemized statement of services.

In consideration of services provided, I am agreeing to pay for services provided to me, to my spouse, and to my minor children. I/we agree to pay all charges not covered by insurance.

If I/we fail to make payment upon receipt of monthly billing statement my/our account will be turned over to a collection agency.

If a suit is necessary to enforce payment of a delinquent account, patients are liable for "reasonable attorney's fees" incurred by us.

Patient Standard of Care Pledge:

Physicians and employees at Reproductive Medicine and Infertility Associates (RMIA) and Infertility laboratory & Surgery Center Associates (ILSCA) hereafter referred to as "clinic," are committed to providing the very best care for our patients. The clinic believes that successful patient outcomes require a compliance partnership between the clinic and the patients. Only with this understanding and commitment, is it possible to insure common expectations. With the

following standards in place, both patient and the clinic will be assured of consistent and comprehensive process for patient care and treatment.

RMIA, and ILSCA will allocate its resources and expertise to patients, and patients agree, to compliance under the following criteria:

Patients Agreement to:

- Patients agree to keep scheduled new patient appointments, and or consults or provide advance notice to RMIA under the cancellation policy.
- Follow thought with general infertility testing requirements.
- Comply with referral and authorization requirements.
- Follow instructions provided by RMIA staff and/or steps outlined in their treatment plan.
- Meet financial obligations for services rendered at RMIA.
- Identify their current primary care and Ob/Gyn physicians who can provide non-infertility services and emergency care.
- Use after hour telephone service, only for emergency situations as it relates to their care at RMIA
- Provide correct demographic and insurance information
- Use RMIA educational tools as identified by RMIA staff (patient handbook/web site).
- Follow RMIA policies provided in your new patient packets.
- Use Medvoice communication system routinely to check results and or changes in treatment plan as you go through “active treatment.”
- Make suggestions for improvement so that RMIA can improve patient satisfaction
- Treat all RMIA employees with respect.

Clinic Agreement to:

- Professional and supportive care and treatment directed by RMIA Physicians
- Credentialed physicians and nurses with the American Society of reproductive Medicine.
- Embryology, Andrology and Endocrine inspected and certified laboratories
- State of the art facilities, equipment and standards of medical services.
- Provide prompt and courteous service to all our patients.
- Multiple options of treatment plans to meet patient needs
- Cooperative arrangements with local physicians (in state and out of state) where appropriate to quality care continuity.
- Protection and Confidentiality of health information under HIPAA Guidelines.
- Member in good standing with national SART, national organization for fertility patient reporting.
- Be treated with respect from all RMIA employees.

We appreciate the time and financial considerations that are part of our commitment as partners in your care for infertility treatment and we establish these guidelines to care because our experience has shown they increase the opportunity for successful outcomes. We thank you for your understanding and compliance.

As in all medical care, the physician may determine transferring care to another provider if it's in the best interest of the patient.

FINANCIAL DISCLOSURE TERMS

The intent of this document is to inform you of the Reproductive Medicine & Infertility Associates (RMIA) and Infertility Laboratory & Surgery Center (ILSC) financial policies. RMIA, along with ILSC and its staff, is committed to providing our patients with the best possible care and service. Your complete understanding of our financial policies, as it relates to your financial obligations, is a fundamental part of this practice. Please read this document thoroughly.

- ❖ Payment for services provided by ILSC is due in full at the time of service.
 - Andrology Services
 - Surgery and Facility Fees
 - In Vitro Fertilization (IVF)

- ❖ Payment for services provided by RMIA is due in full at the time of service.
 - This policy excludes those patients who are members of a health care carrier that RMIA participates with (Blue Cross Blue Shield, Preferred One, Patient Choice, and Medica)

- ❖ You are responsible for your deductible and any other charges for services not covered by your insurance policy.

- ❖ If you are covered by an insurance policy that RMIA has a participating contract with, we will file the claims with that insurance carrier. You will be expected to pay your co-payment at the time of your arrival for your appointment. All other balances not covered by your insurance plan will be billed to you after the insurance company settles your claims. If you have any questions or disputes on claim settlements done by your insurance carrier, we ask you to contact them for satisfactory resolution.

- ❖ If it is determined there is no insurance coverage for infertility services or you have no insurance, our billing department will have to secure a credit card. Our policy for self-pay patients is to collect payment (in full) for the initial visit and to collect a retainer for any follow-up visits, testing, or non-IVF treatment procedures. These costs will be communicated by the Business Office at the time of your initial consult with the RMIA physician.

- ❖ You will receive a monthly statement if there is an appropriate patient balance due. Appropriate patient balances include 1) the remaining balance after we have received payment from your insurance carrier or 2) communication that your health plan does not cover that particular service. All patient balances are payable in full within 30 days after receiving the statement unless acceptable arrangements have been made with our business office.

- ❖ RMIA and ILSC do not get involved with divorces and separations. Any and all financial obligations owed to either corporation remain the responsibility of the couple.

- ❖ RMIA and ILSC accept cash, personal checks, money orders, and credit cards (Visa, Mastercard and American Express) as payment for services rendered.

- ❖ RMIA and ILSC reserve the right to process overdue balances with a collection agency if it is deemed that the account has been in default of the payment obligations or the compliance of this policy.
- ❖ If refunds are warranted, they will be sent in the form of a check, regardless of your form of payment.
- ❖ RMIA reserves the right to change our pricing for our IVF programs. Couples will be locked into the prices at the time their prescreening orders are drafted by the RMIA physician, and couples must complete their prescreening within 60 days of the drafting of their prescreening orders.
- ❖ During your care at Reproductive Medicine and Infertility Associates: we believe that successful patient outcomes require a compliance partnership between RMIA and patient. Only with this understanding and commitment, is it possible to insure common expectations. Compliance can be as simple as showing up on time for your scheduled appointments, follow through with general infertility testing requirements and following instructions provided by RMIA staff and or steps outlined in your IVF treatment plan. IVF dates are tentatively scheduled after completion of the program start. These dates are tentative and can change based on the response to the fertility medications. Please be advised that failure to comply with scheduled dates for monitoring and IVF under the FCWP or HOPE program will result in the cycle reverting to a “fee for service” cycle and services will be assessed against the refundable fee of your FCWP or HOPE program.

FREQUENTLY ASKED QUESTIONS: BUSINESS OFFICE

1. What is a program start?

This is the final step in the pre-screening process before moving on to your IVF program. This visit may include a sonohysterogram, trial of transfer, and consent signing with your physician. **The program start is still considered part of the pre-screening process.**

2. Why am I also receiving a bill from Quest or other reference labs?

RMIA performs in-house testing for Day 3 labs, Estradiol, Progesterone, FSH, LH, HCG, Rubella, Prolactin, and Hemoglobin. All other lab tests are sent to outside labs for analysis.

3. Why do I have to pre-pay for my semen analysis / sperm prep?

Under ILSCA, we are out of network for all andrology, IVF services, and surgeries/facility fees.

4. Do I have to submit a claim to my insurance company?

No, RMIA will submit a claim on your behalf.

5. When and how much do I need to pay for my IVF program?

Any payment for IVF services are due in full at the time of your Program Start.

6. Where should I obtain my referral?

Your referral should come from your primary physician. (With some insurance carriers, a patient can self refer to an OB/GYN, but that OB/GYN **cannot** then refer the patient to a sub-specialist.)

7. What is the difference between Regular IVF and FCWP (Warranty Program)?

Regular IVF (fee-for-service), is based on one cycle of IVF. Fertility Cost Warranty Program (FCWP) is a program based on up to three cycles of IVF for a predetermined cost with a refundable portion due back if the patient does not achieve a live birth plus 30 days.

8. What is included/excluded in the FCWP Program?

Included services: Three complete cycles of IVF including retrieval, transfer, fertilization, ICSI, AHA, extended culture, cryopreservation, one year of embryo storage, anesthesia, and frozen transfers off unsuccessful fresh cycles.

Excluded services: Physician consult, lab testing, psychological consult, MMPI (if required), program start, surgeries, monitoring, hyperstimulation checks and aspirations (if necessary), pregnancy testing, medications and ultrasounds.

9. Is financing available?

RMIA does not offer financing. Couples should contact their local bank and/or credit union. For couples proceeding with IVF, they should contact a CPA and discuss possible opportunities to claim their IVF services as a medical deduction on their income taxes.

10. What is monitoring?

Monitoring begins at your baseline ultrasounds and leads up to the point of retrieval. This includes all vaginal ultrasound and blood work needed to determine how your ovaries are responding to stimulation.

11. Why do I need an OB/GYN physician?

Before scheduling, RMIA will ask for your ob/gyn. This is necessary for correspondence relating to your care at RMIA and any follow up care that may be necessary.