

# *Specialists In Reproductive Medicine & Surgery, P.A.*

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## Patient Financial Policy for Infertility Services and Treatment

Specialists in Reproductive Medicine & Surgery (SRMS) is committed to providing quality care to our patients. The following are financial policies we have established for our practice. If you have any questions regarding these policies, please talk with our billing department.

### **Self Pay Patients**

Patient without insurance are expected to pay in full at the time of service. Payment in full must be made prior to the performance of any planned procedures. We accept payment by cash, check, MasterCard, Visa, American Express, or Discover.

### **Insurance Coverage and Infertility Services**

Insurance coverage for infertility services and treatment can be confusing for the patient. It is the patient's responsibility to contact their insurance and become familiar with their benefits. The following are the most common benefits for infertility services and treatment.

#### **The plan provides no coverage whatsoever for infertility services.**

Unfortunately, this is often the case and means that you will be expected to pay at the time of service for any non-covered services.

#### **The plan provides coverage for the diagnostic phase of infertility testing only.**

In this scenario, the insurance plan will usually cover the diagnostic services to determine the cause of infertility. This may include new patient consultation, labs and other procedures.

#### **The plan provides coverage for the diagnostic testing phase and coverage for infertility treatment.**

In these circumstances, coverage is provided for diagnostic testing and for some methods of infertility treatment. Understanding your individual coverage will help you anticipate whether or not a particular service with us is covered.

#### **\*\*\*\*NOTE\*\*\*\***

**Most plans exclude coverage of infertility services for couples in which either of the partners has had a previous sterilization procedure (ex. tubal sterilization or vasectomy), with or without surgical reversal, and for females who have undergone a hysterectomy. The inability to conceive in a couple who has undergone a voluntary sterilization procedure is not the result of disease but the result of an elective procedure intended to prevent conception.**

### **Unauthorized and Non-Covered Services for Infertility**

Patient understands that any procedures listed as a specific exclusion or considered experimental and investigational on the patient's insurance policy will not be covered. Patient agrees to pay directly for services not covered by their insurance company. Services that may not be covered include, but are not limited to the following:

Infertility Evaluations & Consultations  
76830---Non OB ultrasounds  
89320---Semen Analysis  
58974---Embryo Transfer

99050---After Hours Services  
58555---Diagnostic Hysteroscopy  
58970---Oocyte Retrieval  
Medications needed for treatment

**SRMS LAB**

SRMS Lab provides Embryology and Andrology laboratory procedures for testing and treatment. These procedures are not covered by certain insurance plans (ex. Florida Blue) when done in the office setting. Patient agrees to pay in full prior to the performance of any planned procedures.

**Medical Coding (Diagnosis)**

If you are seeking care to achieve a pregnancy, most if not all of your visits will be coded (diagnosed) as infertility or infertility related. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.

**Insurance Patients**

The patient is responsible to provide the office staff of SRMS with current, accurate billing/insurance information at the time of service and to notify SRMS of any changes. Our office will file insurance claims for covered services rendered for contracted plans. Before our office can file your claim, an assignment of benefits must be signed. You are responsible for payment of all deductibles, co-insurance, co-pays and non-covered services. Failure to pay for co-pays, deductibles or co-insurance at time of visit will result in a \$15.00 statement fee charged to the patients account. Please remember that insurance coverage is a contract between you and the insurance company, and it is ultimately your responsibility to understand your insurance benefits. Claims for non-covered services will not be submitted to your insurance company. Patients may request an itemized statement to submit to their insurance. Our office staff will be glad to assist you where possible.

**Referrals/HMO Plans**

You are required to know whether or not your insurance company requires a referral and to obtain that referral prior to your scheduled appointment. Referrals typically have an expiration date and authorize a limited number of visits. Therefore, you should keep track of the dates and visits covered by your referral. Patients without a valid referral may not be seen. Any claims denied for no referral will be billed to the patient.

**I have read and fully understand the financial policy of Specialists In Reproductive Medicine & Surgery, P.A. and I agree to be bound by its terms and conditions. I also understand and agree that due to changes in the medical and medical insurance industry the practice may amend such terms from time to time. I understand that this agreement will remain in effect until I choose to no longer receive services from SRMS, and I terminate this agreement by giving a written notice of my decision.**

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Printed Name of the Patient

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Relationship to Patient