



## FINANCIAL POLICY

Texas Fertility Center 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.

- **Patients 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 procedure. We accept payment by cash, check, MasterCard, Visa, American Express or Discover.
- **Unauthorized and Non-Covered Services**—Any procedures deemed pre-existing or listed as a specific exclusion on the patient's insurance policy will not be covered. Patients should expect to be billed 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	99050—After Hours Services
Genetic Screening or Counseling	58345—Fallopian Tube Catheterization
58322—Artificial Insemination (IUI)	58760—Fimbrioplasty
58970—Oocyte Retrieval	58750—Tubal Reanastomosis (reversal)
58974—Embryo Transfer	99340—Progesterone Management
76857—Folliculogram	58340—Saline Sonohysterogram, HSG
78656—Pelvic Ultrasound	58555—Diagnostic Hysteroscopy
58560—Resection of Uterine Septum	58559—Hysteroscopy with Lysis of Adhesions
58100—Endometrial Biopsy	58558—Hysteroscopy with Biopsy
96372—Injection	49320—Diagnostic Laparoscopy
99211—Injection Lesson	58660—Laparoscopy with Lysis of Adhesions

- **Government Sponsored Health Plans**—Our office is not a provider for any government sponsored health plans, such as Medicare, Medicaid or Tricare.
- **Insurance**—Our office will file insurance claims for covered services rendered for contracted plans unless prior arrangements have been made directly by you with our Billing Department. Before our office can file your claim, an assignment of benefits must be signed. You are responsible for payment of all deductibles, co-insurance and non-covered services. Co-payments, coinsurance and/or deductible amounts must be paid in full prior to the performance of any planned procedure. 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** should not be submitted to your insurance company. Our office staff will be glad to assist you where possible.
- **Referrals**—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. You are also required to know whether or not your insurance company requires pre-registration in an infertility case management programs.

- **Returned Checks**—Texas Fertility Center charges a fee for all returned checks. In addition, you could be asked to bring cash or a money order to cover any returned check and assessed fee. In the event that one of your checks is returned, you could also be asked to bring cash or a money order to cover any future services.
- **Past Due Accounts**—Patients who have not made an effort to settle their account may be turned over to a collection agency and may not be able to schedule an appointment until arrangements have been made to settle their account. All past due accounts must be paid in full prior to starting a new cycle. In the event of default, patients may be responsible for costs associated with collection as well as reasonable attorney’s fees.
- **Out of network referral/Financial Interest Notice-** As a *full* service embryology/andrology laboratory Austin IVF’s experienced lab personnel have the technology and expertise to provide high quality accurate results, which is a vital part of any infertility practice. For this reason we refer all patients to Austin IVF for andrology and embryology services. Austin IVF is not contracted with any insurance companies. Some of the physicians at Texas Fertility Center have an ownership interest in Austin IVF.

I have read and understand Texas Fertility Center’s financial policy and agree to its terms. I am aware that non-covered services will not be billed to my insurance carrier and that I will be responsible for payment in full.

\_\_\_\_\_  
Patient Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Name (Printed)

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date