

# ADVANCED REPRODUCTIVE CARE CENTER

## FINANCIAL POLICY

Thank you for choosing Advanced Reproductive Care Center as your health care provider. We are committed to the success of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

### **Insurance**

Your insurance is a contract between you and your insurance company. We may accept assignment of insurance benefits upon your first visit. However, we do require that you pay your portion of the bill at the time of service (ie. co-pay, deductible, etc.). We will do everything reasonably required to facilitate the filing of your insurance claim. You need to provide us correct insurance information along with all other relevant documents (ie. secondary insurance, change in insurance plan).

Please be aware that your insurance carrier may deny coverage for services that are in our opinion usual, customary, and medically necessary. Your carrier may declare the treatment as not medically necessary and thus not covered. We charge what is usual and customary for our area. Because the bill is your responsibility, should your insurance not pay, you will be billed for the remaining balance.

Under special circumstances, we offer an extended payment plan with prior approval. If your account becomes 90 days delinquent from the last day of service, please understand that it will be forwarded to a collection agency.

### **Referrals**

Our office does all it can to help you with referrals. However, it is ultimately your responsibility to notify your primary care provider that you have scheduled services from our office. Most insurance carriers that require referrals also require that the primary care provider be involved with directing your health care. You may have been scheduled to see us by your OBGYN; however, it is still necessary for your Primary Care Physician to know that you are being seen in our office, as he (she) is often the only one who can obtain a referral from the insurance carrier.

### **Authorizations**

There are carriers with whom we have a contractual agreement that allow patients to be seen without a referral, yet require an **authorization**. Usually, the patient has a list of approved physicians that they have the freedom to see without notifying a primary care provider. Services that require authorization are always anything related to infertility testing or treatment. You will be required to call your insurance company and find out if authorization is needed. We will obtain the authorization once you have notified us.

### **Missed Appointments**

Unless canceled at least 48 hours in advance, our policy is to charge \$30 for a missed appointment (subject to extenuating circumstances). Please help us serve you better by keeping scheduled appointment.

### **Returned Checks**

There will be a \$30 service charge for returned checks.

Thank you for understanding our Financial Policy. Please let us know if you have questions and concerns.

I understand and agree to this Financial Policy.

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Signature

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Date