



The Center for Reproductive Health.

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PAYMENT AND COLLECTION POLICY

PAYMENT POLICY

It is the Center's policy that payment must be made in full at the time of service. When medical services are covered by our accepted insurance plans, co-pays, co-insurance (if obtainable), and deductibles will be collected at the time of service. Cash, personal check, Visa, MasterCard, American Express, and Discover are accepted. Balances over 30 days old may be subject to a 1½ % finance charge per month.

RESPONSIBILITY FOR FILING CLAIMS

In all cases, patients are responsible for complete payment of their accounts. As a courtesy to our patients, the Center will file claims with the primary and secondary insurance carriers.

ASSISTED REPRODUCTIVE TECHNOLOGY AND INTRAUTERINE INSEMINATION PAYMENT OPTIONS

The Center's payment policy for Assisted Reproductive techniques, including but not limited to; In Vitro Fertilization (IVF), Intrauterine Insemination (IUI), etc. requires payment of the patient's estimated balance that is not covered by the insurance (as well as any outstanding account balance). Payments are required to be paid in full before the treatment begins (i.e., at the Teaching appointment). A refund check will be issued if your insurance company pays more than what was originally estimated.

FINANCING

One option available to patients to meet this payment requirement is to contact American HealthCare Lending and/or SpringStone. Both financial institutions offer "convenient financing that makes leading-edge fertility treatment more affordable with very manageable monthly payments". However, American HealthCare Lending will allow you to borrow all the monies you need for treatment (includes medications, anesthesia (if required), etc) while SpringStone will lend only the amount for the treatment cycle (not medications, anesthesia (if required), etc.

For more information on American HealthCare Lending, please visit our website at <http://www.reproductivehealthctr.com/financial.htm> and click the link for American HealthCare Lending.

For more information on SpringStone, please visit Springstoneplan.com or call 800-630-1663

Please note that the patient will not be permitted to begin fertility treatment until the loan has been approved and your lending institution has given permission to begin the treatment.

MAXIMUM 60 DAY PERIOD FOR UNPAID BALANCES

Any unpaid or remaining balance on the patient's account after the insurance company has made payment must be paid within 60 days. After 60 days, all additional non-emergency services will be provided on a cash or credit card basis only.

UNPAID BALANCE EXCEEDING 60 DAYS

If hardship or special circumstances prevent you from paying your balance, the patient must immediately contact the Billing/Insurance Coordinator so that acceptable financial arrangements

can be made. All instances of non-payment, regardless of the amount, will be turned over for collection procedures. You will be financially responsible for **ALL** charges should your account become delinquent and be forwarded to collections, including charges of 25% to 33.33% of the outstanding balance. Once an unpaid account is placed in collections, all office visits are on a **cash only basis**.

RETURNED CHECK FEE

There is a separate \$25.00 fee for all returned checks. The patient is responsible for payment of the check and this additional \$25.00 fee upon notification of the returned check. This payment must be made by cash or money order in the amount of the returned check plus the \$25.00 fee.

MANAGED CARE PLANS

Managed care plans (e.g. HMO's) require a referral number from the primary care physician before a patient can be seen by the physician. The patient is responsible for obtaining a referral number; the Center will not assume this responsibility. The patient will be required to present the referral card to the receptionist before seeing the physician. If you fail to obtain a referral number prior to your office visit, you may be required to reschedule your appointment.

VERIFICATION OF BENEFITS

Benefits are verified as a courtesy. However, it is your responsibility to know your benefits. Verification of benefits is never a guarantee of payment. If you have any questions regarding your coverage, please contact your insurance carrier prior to initiating testing and/or treatment.

Please note: Some insurance companies offer fertility testing up to the diagnosis of infertility therefore, if you have ever been treated with infertility medication(s) (i.e., Clomid, etc.), had a tubal ligation, tubal reversal, vasectomy, vasectomy reversal, and/or previously diagnosed as "infertile" you may not have any benefits for testing and/or treatment.

TENNCARE AND MEDICARE

The Center is NOT a TennCare or Medicare provider; therefore this office will not file TennCare/Medicare claims.

PROCEDURES

For procedure(s) (e.g. Sono HSG), the Center will verify the patient's insurance prior to any scheduled procedure. At the time the procedure is performed, the patient is responsible for payment in full on any balance not covered by the insurance.

THE CENTER FOR ASSISTED REPRODUCTIVE TECHNOLOGIES (ASC) (SURGERY CENTER)

The ASC does not have contracts with BC/BS, United HealthCare & HealthSpring. In order for you to receive the maximum benefits available to you, the Center may be able to schedule your procedure(s) at an "In-Network" facility. If you have any questions regarding your coverage, please ask to speak with the Center's Scheduling Coordinator.

SPECIAL LETTERS AND FORMS

The Center requires a minimum of two (2) weeks to complete disability forms or letters required by the patient's employer for surgery, etc.

MEDICATION REFILLS

Controlled substances **will not** be called into your pharmacy on the weekend and/or after normal business hours. Therefore, please make appropriate arrangements to insure your needs are met.

There are no exceptions to this Payment and Collection Policy!

ALL QUESTIONS CONCERNING THESE POLICIES SHOULD BE DIRECTED TO THE CENTER'S OFFICE MANAGER