

PATIENT INFORMATION

TODAY'S DATE _____

NAME (Last, First, Middle) SSN# BIRTHDATE AGE M F

ADDRESS HOME PHONE CELL PHONE

EMAIL ADDRESS MARITAL STATUS REFERRED BY

EMPLOYER OCCUPATION MAIDEN NAME

ADDRESS EMPLOYER PHONE OK TO CALL AT WORK?

SPOUSE/NEXT OF KIN INFORMATION

NAME (Last, First, Middle) SSN# BIRTHDATE AGE M F

ADDRESS DAYTIME PHONE RELATIONSHIP TO PATIENT

PRIMARY INSURANCE

NAME OF INSURANCE COMPANY POLICY NUMBER

NAME OF INSURED GROUP NUMBER

CLAIMS MAILING ADDRESS INSURED BIRTHDATE

CUSTOMER SERVICE NUMBER COPAY \$

SECONDARY INSURANCE

NAME OF INSURANCE COMPANY POLICY NUMBER

NAME OF INSURED GROUP NUMBER

CLAIMS MAILING ADDRESS INSURED BIRTHDATE

CONSENT TO RELEASE INFORMATION

**Mid-Iowa
FERTILITY, P.C.**

Patient Name _____ Date of Birth _____

I, the undersigned, hereby authorize Mid-Iowa Fertility, P.C. to release medical information to following:

Name _____ Relationship: _____

Name _____ Relationship: _____

I understand that I may revoke this consent at anytime by sending written notice to this office.

Please list in order of preference, **only** the numbers where we can reach you **or** leave a message. A phone number listed tells us we may use this number to contact you and leave a message.

1 _____ this is my _____ number.

2 _____ this is my _____ number.

3 _____ this is my _____ number.

Only our Administrative Staff, including the Financial Specialist, Receptionist and Billing Department uses email to correspond with patients. Please list your email address so we may respond to your billing and administrative questions:

_____@_____.com

I authorize Mid-Iowa Fertility, P.C. to release to the insurance carrier(s) the information I have provided in order to facilitate claim payment. I permit a copy of this authorization to be used in place of the original signature and request that payment of claims be made directly to MID-IOWA FERTILITY, P.C. I understand that I am financially responsible for all services received, regardless of insurance payment or denial.

Signature of patient or legal guardian

Today's date

FINANCIAL POLICY

Please take time to review our financial policy so that we may address any questions **prior** to receiving services. Please contact your insurance company to complete the “Questions for my insurance company” form.

PAYMENT AT THE TIME OF SERVICE

Mid-Iowa Fertility requires payment in full at the time of service. If you do have insurance benefits for infertility treatment you will need to speak Monica prior to any form of infertility treatment. We will assume that you have no infertility benefit unless you notify us otherwise.

FLEX SPENDING

We understand that many of our patients have the opportunity to use their Flex Spending benefits for services not covered by their health plan. If your Flex Spending requires a denial from your insurance carrier please let us know. We will be glad to submit a claim to the insurance carrier with a notification that you have paid the claim in full.

PHARMACY SERVICES

Many times our physicians may recommend that you move forward in using injectible fertility medications. It is the patients’ responsibility to know if these medications are covered under your insurance plan. You will need to check with your insurance company or prescription drug card coverage to determine if prior approval or mail order is required.

ATTENTION COVENTRY HEALTHCARE AND FIRST HEALTH SUBSCRIBERS

Mid-Iowa Fertility does not participate with Coventry Healthcare or First Health Direct. It is important that you understand that you will be required to pay for your services at the time of service.

HOSPITAL SERVICES

Our physicians may recommend outpatient surgery as part of your treatment plan. It is your responsibility to assure that the hospital participates with your insurance company.

ATTENTION LABCORP MEMBERS

If you find the LabCorp or LABONE logo on your insurance card this means that **you** must notify our laboratory staff each time prior to having blood work drawn. Your blood work can be sent these approved laboratories for the highest level of benefit.

WHEN YOUR PLAN COVERS TESTING ONLY

Many insurance carriers offer benefits for testing only, meaning once treatment begins they will no longer cover services. Again, we require payment at the time of service for non-covered services.

Patient Initial_____