MID-IOWA FERTILITY
Extraordinary care. Extraordinary results.

FINANCIAL POLICY

Please use dark blue or black ink only

Please take time to review Mid Iowa Fertility's financial policy so that we may address any questions prior to receiving services.

Patient Name: _____Date of Birth: _____

PAYMENT AT TIME OF SERVICE

Mid Iowa Fertility requires payment in full at the time of service. We do not participate with Medicare or Medicaid products. Your signature serves as the Advanced Beneficiary Notice under Medicare and Medicaid guidelines. All non-covered services, co-payments, and/or co-insurance will be due at the time of treatment. We will assume that you have no fertility benefit unless you notify us otherwise. If you do have benefits for fertility treatment you will need to speak with Monica in our financial department before you begin treatment and notify her as to what services require prior approval.

INSURANCE QUESTIONAIRE

I have completed the insurance questionnaire to help determine my benefit for fertility testing and treatment. I understand that it is my responsibility to check for fertility benefits and notify Mid Iowa Fertility if prior approval is required.

WHEN YOUR PLAN COVERS TESTING ONLY

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

PHARMACY SERVICES

Many times our physicians may recommend that you move forward in using injectable fertility medications. It is the patents' responsibility to know if these medications are covered under your insurance plan. You will need to check with your insurance company to determine if *self-injectable specialty medications* are covered. You will need to provide the phone number for prior approval for specialty medications.

By signing below, I acknowledge that I have read and understand each of these policies.

_____

Patient Signature (or Legal Guardian) Date