



DATE: _____ CHART: _____ PROVIDER: _____

PATIENT INFORMATION

PRINT FULL NAME: _____ DATE OF BIRTH: _____

SEX: (check one) FEMALE MALE MARITAL STATUS: (check one) SINGLE MARRIED PARTNERSHIP OTHER

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

May we leave messages for you on the numbers listed above? (check one) YES NO

EMAIL: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO PATIENT: _____ PHONE: _____

INSURANCE INFORMATION

INSURANCE: _____ RELATIONSHIP TO PATIENT: (check one) SELF SPOUSE CHILD OTHER

SUBSCRIBER NAME: _____ DATE OF BIRTH: _____

SEX: (check one) FEMALE MALE ID#: _____ GROUP#: _____

Please indicate below how you heard about Atlantic Reproductive Medicine Specialists:

- By Referral Name of Referring Physician: _____
- Friend Internet Other: _____

PATIENT PORTAL WEB CORRESPONDENCE

At Atlantic Reproductive Medicine Specialists, we want to make communication as simple as possible. One of the ways we do this is by giving you access to your medical records through our Patient Portal. The front office staff will give you your username and assign a temporary password so you can access this private information. The Patient Portal is the primary way for you to communicate with our clinical staff.

By logging into your Portal, you may...

- View test results
- Communicate directly with our care team about any question or concerns.
- View future appointments
- Request changes to your demographic information, etc.

On business days

- Web correspondences sent before 3pm will be answered the same day.
- After 3pm, the response will be sent the next business day.

After hours, on weekends or holidays

- Non-urgent web correspondences will be responded to on the next business day.
- Urgent issues can be handled two ways.
 1. If an issue on the weekend needs a response within 24 hours, put "URGENT" in the subject line.
 2. If an issue needs immediate attention after 3pm on business days, or during a weekend or holiday, do not use electronic communication. One of our physicians can be reached 24 hours a day by calling 919-248-8777. After hours, you will be given an option to leave a message for the physician on call.

DISCLAIMER FOR EMERGENCY OR URGENT MEDICAL CONDITIONS, DO NOT USE ELECTRONIC FORMS OF COMMUNICATION. IN AN EMERGENCY CALL 911



FINANCIAL POLICY

Atlantic Reproductive Medicine Specialists, (hereinafter referred as "ARMS"), provides personalized financial services to each patient. We understand that the cost of fertility treatment can add additional stress, and ARMS wants to be as upfront as possible about costs associated with your infertility care. Our goal is to provide you with affordable financial options.

As a courtesy, we will verify your infertility benefits prior to your new patient consultation. After your consultation our financial coordinator will be happy to provide you with an estimation of benefits based upon the quoted benefit information obtained from your insurance provider. We encourage you to reach out to your insurance provider to better understand your insurance benefits, coverage and limitations.

Our patients are the most important part of our practice and we work tirelessly to ensure your complete satisfaction, now and throughout your journey. Financial is available to answer any questions you may have about our fees, financial policies, or your insurance coverage. You can contact financial by either email at financial@atlanticreproductive.com or phone at 919-248-8777 option 4.

The following is ARMS financial policies we have established for our practice. Your clear understanding of our financial policy is important to our professional relationship.

PLEASE READ EACH SECTION CAREFULLY AND INITIAL

PAYMENT

Initial

It is our policy to request payment of any copay, unmet deductible, coinsurance, non-covered charges, or previous balances at the time of your visit. The amount you are asked to pay at each visit is an estimate of the charges for the appointment type scheduled. If you do not have insurance coverage payment in full is expected at the time of your visit.

We accept cash, check, Visa, MasterCard, Discover and American Express credit cards. For your convenience, we accept online credit card payments via our websites Affording Care page at <http://atlanticfertility.com/payments/>

A \$35 fee will be charged for any checks returned for insufficient funds. Regretfully, we will not accept any further check payments and you will be asked to bring cash, certified funds or a money order for future payments.

PATIENT BILLING STATEMENT/INVOICE

Initial

All charges may not be captured at the time of service, so you may be asked to make an additional payment at your next appointment or receive a statement. The statement will reflect the amount you owe after your insurance, if any, has processed your claim. Payment in full is expected on receipt of your billing statement. **No further treatments may be started until previous balance is paid in full.**

We understand your need for documentation. We will provide a detailed pricing sheet before treatment begins, which will indicate when payment is due. This will serve as your invoice for treatment. We understand the need for itemized receipts for treatment payments. Upon request, once services have been rendered an itemized receipt will be provided.

INSURANCE COVERAGE

Initial

We are participating providers with the following insurance plans:

- **AETNA**
- **BLUE CROSS BLUE SHIELD** – Our office does not participate with Blue Value or Blue Local plans.
- **CIGNA** – Our office does not participate with Cigna Connect plans.
- **TRICARE** – Prime members must have a referral from PCM to our office.
- **UNITED HEALTHCARE** – Our office is a Center of Excellence.

Please remember that insurance is a contract between the patient and the insurance company, and ultimately the patient is responsible for payment in full. It is your responsibility to keep us updated with your correct insurance information and of any changes in coverage.

If your insurance plan requires a referral from your primary care physician for specialist visits, registration before treatment or you use a preferred provider, it is your responsibility to abide by your insurance policy guidelines. If you fail to abide by your insurance policy guidelines and your insurance denies your claims, you understand you are financially responsible for any amount not covered regardless of reason.



AUTHORIZATIONS

Initial Every effort will be made to have all services and procedures pre-authorized prior to treatment. We will submit every possible CPT code you may have during your treatment. If you choose to move forward with treatment before the insurance authorizes your services, you understand if any service is not approved or covered you are financially responsible to pay before proceeding with treatment.

INFERTILITY LIFETIME MAXIMUM BENEFITS

Initial Insurance plans that have a maximum lifetime benefit for infertility treatment, it is the member's responsibility to abide by these plan provisions. Services in our office, bloodwork, and medications, all contribute to lifetime maximums. During treatment if you reach your maximum lifetime benefit, you understand you are financially responsible for the entire balance not covered.

ADMINISTRATIVE FEE

Initial A non-refundable administrative fee will be charged for each treatment cycle. This fee covers the coordination of the treatment cycle, medication training and medication management. Please note that this fee is not covered by insurance and will not be billed to your insurance.

TREATMENT PAYMENTS

Initial Previous patient balances must be paid in full prior to beginning any treatment or treatment cycle. It is your responsibility to reach out to financial to ensure you understand the costs associated with your treatment. The financial coordinator will prepare your treatment cycle quote and go over your financial responsibility. This is an estimate of your cycle responsibility based on your treatment plan. We cannot guarantee all services will be performed or that we have missed any fees, as not every cycle is the same. We require payment in full for any treatment cycle one week prior to the baseline ultrasound. This also, includes spouse/partner accounts.

OUTSIDE MONITORING

Initial To accommodate the needs of our patients outside monitoring services are available for treatment cycle follicular ultrasounds and bloodwork. If you would like to see if this would be an option, reach out to the clinical staff. The standard monitoring fee still applies for all treatment cycles in addition to any fees paid to the performing office.

TREATMENT DIAGNOSIS MEDICAL CODING

Initial If you are seeking care to achieve a pregnancy, most, if not all, of your visits will be coded as infertility or infertility related. To request a change in diagnosis solely for securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud. Many insurance carriers cover services for the diagnosis and treatment of underlying cause of infertility only. Once treatment begins, claims for non-covered services will not be submitted to your insurance company.

CANCELLATION OF TREATMENT CYCLE

Initial Should a cycle be cancelled for any reason, the patient will be responsible for any costs incurred prior to the cycle cancellation. A financial coordinator will review your treatment services rendered up to that point. If proceeding with another cycle, a credit will be issued for the difference between the original treatment cost and the costs incurred to the point of cancellation. Any credit balance can be used against future treatment costs or a refund can be requested.

MEDICATION COVERAGE

Initial To provide our patients with a personalized pharmacy experience, we have partnered with Fertility Pharmacy of America (FPA). Your physician will send your prescriptions to FPA. A technician from FPA will handle any needed authorizations and delivery of your medications. FPA will forward your prescription to any required pharmacy.

BLOODWORK

Initial Depending on the type of bloodwork ordered, you will receive bills from the processing lab. Please contact servicing lab with billing questions. If your insurance requires you to use a preferred lab, it is your responsibility to inform the clinical staff.

PHONE CONSULTATION

Initial During your treatment at ARMS, you may wish to have a phone consultation with your physician. The fee for a phone consultation for a new patient is \$160 and for an established patient \$80. Phone consultations are not billed to insurance and will be the patient's responsibility to pay in full prior to the phone consultation.

CANCELLATIONS, NO SHOW & MISSED APPOINTMENTS



Initial If it is necessary to cancel your scheduled appointment, we require 24-hour cancellation notice. Appointments are in high demand, and your early cancellation will give another person the possibility to be seen sooner.

Failure to provide a 24-hour notice for cancellation of your scheduled appointment will result in a \$50 missed appointment fee. This fee must be paid before another appointment will be scheduled. If you miss 2 appointments, you will be required to put a credit card on file to schedule a third appointment. Please note this fee will not be billed to your insurance.

SURGERY BILLING

Initial We want to help you understand how you will be billed for surgical services. In addition to our physicians performing surgery at ARMS, they also perform surgery at Davis Ambulatory Surgical Center and Duke Regional. Please note ARMS does not verify insurance coverage for any outside facility. Depending on your place of service, you will receive additional bills, described in the following details.

Surgery performed at ARMS

- You will pay ARMS directly for the physician surgical fee prior to surgery.
- You will pay ARMS \$450 for anesthesia. **We do not file the anesthesia fee to insurance.**
- You will receive a separate bill from the servicing provider of any Labs or Pathology.

Surgery at Davis Ambulatory Surgical Center (DASC) 919-470-1000

- You will pay ARMS directly for the physician surgical fee prior to surgery (this includes assistant surgeon).
- DASC will contact you with your estimated responsibility for their facility fee.
- Anesthesia received at DASC will be provided by Regional Anesthesia (919-384-0700) and billed separately.
- You will receive a separate bill from the servicing provider of any Labs, Pathology or Radiology.

Surgery at Duke Regional Hospital (DRH) 919-470-4000

- You will pay ARMS directly for the physician surgical fee prior to surgery (this includes assistant surgeon).
- You will have a Pre-op appointment with DRH.
- DRH will provide you with your estimated facility fee responsibility at your Pre-op appointment.
- You will receive a separate bill from the servicing provider of any Labs, Pathology or Radiology.

ANESTHESIA SERVICES

Initial Our anesthesia services are provided by Certified Registered Nurse Anesthetists (CRNA). They are independent contractors that are not employed by ARMS. Therefore, we are unable to bill your insurance for their services. Please note that anesthesia services will not count towards any deductible or out of pocket totals. The fee for anesthesia performed in our office is \$450 and is due at the time of service. There is a cancellation fee of \$250 for the failure to adhere to pre-operative instructions resulting in the cancellation of your surgery for any reason.

REFUNDS & OVERPAYMENTS

Initial Patient or insurance payments for services resulting in overpayment will receive a refund check during the next refund cycle, if the patient and spouse/partner does not have any other patient responsibilities or pending insurance charges.

MEDICAL RECORDS FEE

Initial A \$30 fee will be charged for copies of medical records given directly to the patient. However, we will forward your records free of charge to another medical office. ARMS will have seven business days to generate records before making them available for the patient to pick up. The seven days will commence after payment has been received, and the patient has signed the appropriate medical records release form. It is requested that outstanding balances be paid in full prior to medical records being released.