

Patient Accounts and Insurance Policy



This document is provided to you to help you understand and anticipate any difficulties in insurance benefits, payments, balances, or co-insurances you may experience during your treatment at IVF Florida. Please review this document carefully, complete, and bring with you for your first appointment.

Insurance coverage in this area of medicine is not as straightforward as in most other areas. For example:

- Many times there is coverage for testing to determine *why* you are infertile, but not coverage for its treatment.
- Many times payment depends on *why* the service was performed. For instance, if we do an ultrasound of your ovaries to ensure that an ovarian cyst is shrinking, it will be paid, but if we do the ultrasound to track your response to fertility medications, it will often not be paid.
- Many times the information we get from your insurer over the phone is incorrect or incomplete.

To best serve you, we have developed this approach:

Determination of Insurance Benefits

When you become a patient at IVF Florida Reproductive Associates, we contact your insurance company to obtain information regarding the coverage you have for infertility care. We have developed a list of the questions that we ask so as to get a picture of the nature and extent of your coverage. We will provide you a copy of this summary. Please review this information. If you think you have different coverage, or a different level of benefits, please notify us so we may clarify the information. We suggest that you also call your insurance company directly for clarification.

Unfortunately, this "verification" of benefits does not oblige insurers to pay, nor does it make IVF Florida responsible for charges not covered by your insurance. Insurance companies protect themselves by stating that verification of your insurance coverage by them is:

- not a guarantee of payment, and is
- not a guarantee of what is actually covered and not covered.

Because of this disclaimer, even when they have told you or us that a service is covered, there is no obligation for them to pay. The true determination as to whether a service is covered is made at the time the claim is received by the insurance company. Whether insurance will pay is dependent on whether:

- the service you received is covered by your plan
- the reason for the service (the diagnosis) is covered by your plan
- the appropriate deductibles and copays have been met

- “pre-existing condition” exclusions apply

Further complicating payment is that some plans require that:

- you have experienced infertility for a specified amount of time before services will be covered, or
- the infertility is not due to prior elective sterilization, or
- certain treatment steps be taken before other treatment steps will be covered. This may not always be consistent with the course of treatment that we think is best for you. For instance, some companies will pay for IVF treatment, but only after three tries of gonadotropin cycles have failed.

There may be occurrences where your insurance company denies payment and deems that a service “is not consistent with the diagnosis” assigned to you.

CLAIMS FILING

- ***For Insurance Companies/Networks With Which We are Contracted***

We will be happy to file a claim for coverage of rendered services with your insurance company if you have insurance with a network with which we participate, if your plan provides benefits for the service provided for the reason it was provided, and if there are no other restrictions on covered services of which we are aware. We will collect any required co-payment at the time of your visit.

If you have insurance with an insurer with which we participate, but your plan does not provide benefits for your diagnosis or for the procedures/services rendered, then full payment is required at each visit. We expect all balances to be settled on the day it occurs.

Currently, we participate in these networks:

Aetna	Memorial Managed Care
Blue Cross & Blue Shield	Three Rivers Provider Network
Cigna	United Healthcare (UHC)
Humana	United Resources Network
	Vista Healthplan

- ***For Insurance Companies/Networks With Which We are Not Contracted***

If you have health insurance with an insurer with which we do not participate, then full payment for all services rendered is required at the time of your visit. As noted above, we require that each patient’s balance be settled on the day it occurs. We will provide you with a statement that can be submitted to your insurance company for reimbursement directly to you. Please refer to the Out of Network Notice included in your new patient packet.

Other Items

Infertility treatment can be expensive, and we do not want to let you “get in over your head.” Thus, we collect in full for each service as it is rendered, except in the case of IVF services, which is discussed below. We strive to anticipate how much each service will cost you for each and every visit (by calculating your portion of charges after insurance is applied), and expect that

costs be paid at that visit. On occasion, however, this is not possible. In some cases the actual charge can only be estimated (as in surgery). In other cases, we discover monies owed after a visit has occurred. These situations are described below and also the way we handle them.

- **All IVF Cycles**

Fees for all IVF cycles (IVF, frozen embryo transfer, egg recipient/donor cycles, etc) are collected in advance of the start of the cycle. New IVF cycles will not be started if a patient has an unpaid balance.

- **Deposits**

In cases where there is limited insurance coverage or an insurance lifetime maximum of less than or equal to \$20,000, a deposit for services may be required. The deposit will be estimated based on your insurance plan coverage, medication expenses and planned procedures. Payment of the deposit may be necessary to proceed with treatment. Following the conclusion of treatment, and receipt of payment from your insurance company, any deposit credit on the account will be first utilized to cover additional existing charges, with the remaining credit being issued to you as a refund.

- **Surgery**

If you are having surgery, we will calculate an estimate of the charges you will be responsible to pay based on your "in" or "out" of network status and based on the information the insurance company provides us. This payment is required prior to the surgery. We will also file the claim with your insurance company. If you are "in" network, you are responsible for any patient balance after insurance adjustments have been taken. If you are "out" of network, you are responsible for the full charge of the surgery and can submit a claim to your insurance company for reimbursement. Be aware that not all insurance companies will reimburse you the full amount you were charged.

- **Additional Services Rendered**

Occasionally, when the doctors review lab results, they determine that another test is needed to make a complete evaluation. When this occurs, the charges for the additional test will be posted to your account at the time the test is ordered. Additionally, during the IVF process, additional procedures may be necessary once the fertilization process is begun to ensure the best outcome possible. These additional procedures may result in additional charges on your account. The potential for the additional services are outlined in your IVF Commitment Letter.

Occasionally, our audits detect that services were incorrectly posted to your account, resulting in overcharges or undercharges. When we identify such errors, we will correct your account, resulting in a credit or a balance.

- **Settling of Balances**

As discussed above, there are times when insurance companies process a claim in a manner different than expected. In these cases:

- a claim may be completely denied as not covered, with no payment being made, thereby making you entirely responsible for the charge, or

Initial each box

- a claim may pay differently than was anticipated, also thereby making you responsible for a larger portion of the charge than expected.

- even though your insurance company communicated to us and we in turn communicated to you that a given service or set of services is covered, this IS NOT A GUARANTEE BY US of your insurance company's coverage for the service or set of services. If your insurance company denies coverage for any reason, you are responsible for full payment of the services billed. Because the insurance states that the verbal information they provided is not a guarantee of payment nor can it be relied on as a guarantee of coverage, we are not responsible for any statement made by your insurance company, nor any statement made by us to you based on information given to us by your insurance company. It is very important for you to understand that the only TRUE representation of whether a given service is covered is when your insurance company actually processes the claim.

When this occurs, we will try to understand why. Was your claim processed correctly? Were the appropriate diagnoses used? Were benefits incorrectly stated to us at verification? Typically, an insurance company will send an EOB (Explanation of Benefits) that outlines what they paid and did not pay and why. If we believe there are errors in the claim, we will resubmit it. If you receive an EOB that processed your claim differently than you expected, please call your insurance company to clarify. If the insurance company states that they processed the claim incorrectly, please obtain the name of the person you spoke with, and call us with that information so we can note this in your account. If your insurance company reprocesses the claim, when you receive the corrected EOB showing payment was made to us, please call us to issue a refund to you.

If, however, there are no errors, we will make the corresponding adjustments to your account, determine the portion of the charge you are responsible for, and post this portion to your account.

As stated previously, there are times when an insurance company states that the test or procedure performed is not consistent with the diagnosis assigned to you. The physicians at IVF Florida perform or order services to be performed when they determine that they are important in the diagnosis and treatment of the patient for the particular circumstances of the patient. When your insurance company denies payment and renders the decision that the services are "not consistent with the diagnosis," it is decided otherwise.

When services have been performed by/ordered by an IVF Florida physician and your insurance company deems the services to be "inconsistent with the diagnosis," your physician has deemed them to be important in your diagnosis and treatment and for your particular circumstances. Your signature below acknowledges your agreement that you will be responsible for the payment for these services should your insurance company deny payment and state that these services are "inconsistent with the diagnosis" assigned to you.

- ***Credit Card Authorizations***

As you may now understand, there are instances of charges being generated or recognized on days when there is no office visit scheduled. With the very busy lives of our patients, it is difficult to reach patients to come in and settle balances as they arise. Therefore, it is our office policy to request a credit card authorization be maintained on file so that your balances can be settled as they occur. Our patients like this strategy for convenience.

When these cases arise:

- We will call you before making any charge in excess of \$500
- We will call you before making any charge for a service provided more than 6 months prior.
- We will mail you a copy of your credit card receipt and your statement on the day the charge is made.

An authorization form will be supplied to you and your spouse for your signatures.

- ***Insurance Company Look Back Periods***

Insurance companies often perform audits of paid claims. These audits can be performed for up to two years from the later of the following: (a) the date of service; (b) the receipt of claim; (c) the payment of the claim; or (d) the receipt of an appeal. When an insurance company performs an audit and determines that claims were paid in error, the insurance company contacts us for a refund of the monies they paid. They then direct us to collect for these services from the patient. Unfortunately, this may mean that for a period of up to two years after any one of the above listed events your insurance company may reverse their decision. If this should occur, we will contact you for payment of these services.



- ***Unpaid Balances & Interest***

It is our policy that all balances must be paid and accounts are up to date before proceeding with continued treatment. Failure to pay balances on your account may result in suspension of treatment. Should you have an outstanding balance on your account that is your responsibility and that is greater than 30 days old, we may assess simple interest on the unpaid balance at the rate of 1.5% per month. This represents an annual interest rate of 18%.

- ***Administrative Billing Fee When your Co-pay, Co-insurance or Patient Responsibility Balance is Not Paid at the Time of Service***

When your co-pay, co-insurance or patient responsibility balance for that day's visit is not paid at the time of service delivery, we will assess a \$25.00 administrative billing fee and subsequently bill you for the unpaid amount.

- ***New Patient Appointment Fee***

When you book your new patient appointment, we require a deposit equal to either your required copay or \$35.00. This deposit is refundable if you cancel your appointment at least 48 hours prior. Your deposit is will be forfeited if you electively reschedule your visit more than two times. If that occurs, a new deposit will be required to secure your visit.

- ***Refunds & Credits***

When it is determined that your account has a credit balance available, you will be eligible for a refund for that amount. Refunds on accounts will be issued by check within 30 days of determination of the refund amount. Credits on the accounts will be used to offset any outstanding charges prior to the refund being issued.

- ***Account Representatives***

We understand that infertility is a challenging problem. Unfortunately, managing insurance benefits is often troublesome in this area. We have Patient Account Representatives assigned to your account who are well trained to help you navigate these often troubled waters. Feel free to work with them. Thank you.

A copy of this document should be retained for your personal records.

Patient's Attestation:

I fully understand IVF Florida's Patient Accounts and Insurance Policy described above. I understand that I am responsible for prompt payment on any balance not covered by or paid by insurance for any reason.

Signature

Date