

FINANCIAL AND INSURANCE POLICY

At Reproductive Medicine and Surgery Center of Virginia, PLC, we want you to understand both the medical aspects of your care and the financial implications. Our staff has many years of experience in the fertility insurance field and is here to answer any questions you may have.

Unfortunately, coverage for this specialty is not easy to obtain and is not common in Virginia. Most commonly, coverage does include diagnostic testing (testing to determine why you are infertile), but not the treatment to help you become pregnant. Some medications may or may not be covered. Sometimes the insurance representatives do not give accurate benefits. We will help you to understand what benefits you have and make the process easier. RMSCVA does have a \$50 no-show fee for any new patient appointments where patients did not come in nor reschedule their appointment.

Services We Perform for You as a Patient

We request that you provide your insurance card to our office prior to your appointment so that we may obtain your benefits. We will normally contact you prior to your initial visit to review the information that we obtained from your insurance company and you will be more informed about coverage for your first visit. At your initial visit, we will provide you with a copy of the benefits that we received, as well as a price sheet. If at any time you feel you have different coverage, or a different level of benefit, please notify us and we can clarify the details. We also recommend to our patients to call their insurance company directly as well.

Obtaining these benefits does not guarantee payment of services and insurance companies often will give a generic disclaimer. A common disclaimer would be "coverage is not determined until the claim is processed." Coverage is based on several factors: if the service and reason (diagnosis) is covered by your plan; deductibles and copays have been met; and whether a pre-existing condition applies or not. In some cases, more complicated requirements for insurance coverage for services rendered include: you must be infertile for a specific length of time before coverage begins or the cause is not due to a previous tubal ligation. Some companies go as far as deciding which medical tests or treatments must be completed before coverage begins, which may not be the treatment plan our physician recommends for you.

Obtaining a referral (for managed care policies) for your initial visit is your responsibility. You also must ensure that you keep your referral up to date as insurance companies will not retro referrals. We will obtain follow up authorizations as your insurance company instructs us. Please be sure to always check out with one of the receptionists to touch base regarding insurance needs as well as paying copays and other balances as required. This will help cut down on the number of denial letters and higher patient costs.

Claims Filing

We will file all claims for you if we participate with your insurance company and if they inform us you may have coverage for services rendered. We will collect all copays for office visits, deductibles and co-insurances for visits and surgery up front as well as the full amount if you have no fertility coverage under your policy. You will be billed for any balances your insurance company does not cover (and once we have exhausted all avenues for obtaining payment). The outpatient coinsurance's that we collect are estimates only and based on actual charges to your insurance company as well as payments received from your insurance company.

If you are a satellite patient, your referring physician needs to send us a full benefit review so we know whether your services are covered or not as we will not bill your insurance company for non-covered services.

If we do not participate with your insurance company, we expect payment in full at the time of your appointment. As a patient, we will provide you with the necessary information regarding services provided in order for you to file a claim directly to the insurance company for reimbursement. You must obtain the claim form from your insurance company.

If you will be undergoing in vitro fertilization, there are payment options that are not addressed in this letter. If IVF is your next treatment plan, you will talk with a financial representative at the practice regarding your choices.

Services rendered have to be paid at time of service if we do not participate with your insurance company or you have exclusions to your plan. We will not bill you. Also, any balances on your account will be due at the time of your next visit.

There may be times when you have become a self-pay or non-insurance coverage patient, but you come into the office with another non-fertility related complaint (i.e., pelvic pain, bleeding, etc) or your diagnosis has changed for other reasons (a cyst found on ultrasound during a treatment cycle). If this is the case, we will bill your insurance plan for these services. However, if you come back to resume fertility therapy and your diagnosis has reverted back to infertility; the front desk will no longer bill the insurance company.

Currently we participate with: *Aetna, Anthem, Blue Cross and Blue Shield, Cigna, Community Health/Optima, First Health, Mamsi/MDIPA, Optimum Choice, Piedmont Community Health Plan, Sentara, United Healthcare, Tricare and VHN (subject to change without notification).*

It is important that you understand our physicians offer their medical recommendations and treatments based on your history, physical exam, and test results and not what

your insurance company will/will not cover. However, if you have restraints within your insurance coverage that you are trying to meet, please inform your physician so that together you and he/she can make the best and most cost-effective plan of treatment for you.

Medications

Due to the complexity of our type of medical benefits, we do not obtain the details of coverage for fertility medications. Often times these medications are not covered under your medical benefit, but under your prescription benefit and we do not obtain that insurance information. There are many stipulations for these type of prescriptions such as requiring that you receive them from a mail order specialty pharmacy (often times they cannot get it to you in a timely manner) or only being covered prior to any type of artificial insemination. There may be no coverage at all. Medication benefits and authorizations are the patient's responsibility and we will help out by supplying whatever information we can. Please keep in mind that if a covered benefit, you need to find out if it is covered under your medical insurance or prescription insurance, where you can obtain the medications, and to get authorization (if required) ahead of time.

Patient Balances

Here at RMSCVA we have a \$1000 patient balance limit for self-pay patients only. You will be allowed to complete your current cycle if your account reaches this maximum, however you will be contacted by the practice and a new treatment cycle will not begin until your balance is paid in full. Again, what the insurance company tells us is never a guaranty of payment and so if services are denied even after being told they would be covered, and we have researched the denial and are in agreement, you will be responsible for payment. We will pursue every reasonable option to collect from your insurance company. Payment and any balances are due at each visit.

We understand that your situation is a stressful one and insurance companies in this specialty do not make it any easier. We want to do our best to keep you informed of your insurance benefits and balances within the practice. Please feel free to contact us at anytime with financial or insurance questions.

Financial Account Storage

We require that ALL patients store a valid debit/credit or checking account number on file in order to guarantee payment for services. This policy applies to the storage of egg, sperm, and embryos as well. Our office employs the most modern technology of secure storage of all financial information. We reserve the right to charge your card or checking account on file for the balance due if your account becomes more than 30 days past due and 1) you have made no response to our statements or 2) no other financial arrangements have been made. We will never use your credit card on file as initial payment for services rendered. We will always bill your insurance company first-when your services are covered by your insurance. We will send you a bill for the

amount remaining that is your responsibility (such as co-pays and co-insurances). If you do not have insurance coverage for your services, you will be billed directly.

Delinquent Accounts

I accept responsibility for payment of all charges incurred for both my account as well as my partner’s account, as well as all collection agency costs and/or attorney fees up to 33 1/3% should such collection action become necessary. I further attest that I have received, read, and understand this notice.

Returned Checks

For your convenience if your check is dishonored or returned for any reason, we will electronically debit your account for the amount of the check plus a processing fee of \$50. If you do not pay for the amount and any fees incurred by our office of the returned check, we will file a complaint with the proper authorities, and you will be responsible for all fees incurred in the filling.

Refunds

We will refund over-payments to the responsible party twice a year at the discretion of the Practice Administrator as long as there are not any outstanding claims.

Acknowledgement of Financial Policy

- ❖ I agree that I have read and understood the Financial Policy.
- ❖ I agree to assign insurance benefits to my provider of care whenever requested and necessary to facility payment of any claims.
- ❖ I agree that if my care provider must forward my account to an attorney and/or collection agency for collection, I will pay the costs and fees of collection in additional to the amount owed on the account.
- ❖ I authorize my care provider to securely store my credit/debit, checking, or other payment information on file and to charge my account information on file for balances over 30 days past due.

Authorized Name (PRINT):_____

Authorized Signature:_____

Date:_____

Patient ID#:_____