



Arizona Reproductive Medicine Specialists
AGREEMENT REGARDING PAYMENT TERMS AND CONDITIONS

Payments for professional services are due at the time services are provided. We accept cash, personal checks and most major credit cards.

Insurance

It is your responsibility to know what your insurance covers and does not cover. You are ultimately responsible for all charges not covered by your insurance. Some insurance plans limit the number of procedures they will cover within a treatment cycle, so there may be times when not all procedures done will be covered by your insurance

If we have received all of your insurance information 48 hours prior to the day of the appointment and we are able to confirm eligibility, we will be happy to file claims on your behalf for covered services. The accuracy of all the information we receive is essential for proper claim filing. We will assist you in estimating your portion of the fee for services; however, we can not guarantee what your insurance company will pay on a claim. Please understand that filing your claims is a courtesy our office provides to our patients, it does not guarantee payment to us. We are providing our professional services you – not the insurance company! Consequently, you are ultimately responsible for payment of our fees.

For example, if your insurance states that they will cover diagnostic testing only, this means that they will not pay for the mid cycle or follicular ultrasound of a treatment cycle. This particular type of ultrasound would be considered self pay.

BENEFITS ARE NOT DETERMINED BY OUR OFFICE

you may have noticed that sometimes your medical insurer reimburses you or the doctor at a lower rate than the doctor's actual fee. Frequently, insurance companies state that the reimbursement was reduced because your doctor's fee has exceeded the usual, customary, or reasonable fee ("UCR") used by the company.

A statement such as this gives the impression that any fee greater than the amount paid by the insurance company is unreasonable or well above what most doctors in the area charge for a certain service. This can be very misleading and simply is not accurate.

Insurance companies set their own schedules and each company uses a different set of fees they consider allowable. These allowable fees may vary widely because each company collects fee information from claims it processes. The insurance company then takes this data and arbitrarily chooses a level they call the "allowable" UCR Fee. Frequently this data can be three to five years old and these "allowable" fees are set by the insurance company so they can make a net 20%-30% profit.

Unfortunately, insurance companies imply that your doctor is "overcharging" rather than say that they are "underpaying" or that their benefits are low. In general, the less expensive insurance policy will use a lower usual, customary, or reasonable (UCR) figure.

Once the physician has determined your treatment protocol, ARMS, at your request, will provide you with the financial visit to discuss the upcoming treatment and identify charges for expected procedures. However, once treatment begins, unique patient situations sometimes require additional procedures. These additional procedures may not be announced to you as “additional” by our clinicians, as they are providing you with care based solely upon your individual needs. (These procedures for example may relate to extra ultrasounds and blood tests to monitor effects of medication during ovarian stimulation.)

Unless you have a written agreement with ARMS, all prices quoted to you are quoted under a fee for service arrangement. Under the fee for service arrangement, you will be charged for all of the services provided by ARMS, and you will not be entitled to a refund in the event that, for any reason, the treatment is not successful. This arrangement may not be modified by a verbal agreement.

It is your responsibility to keep track of the services provided to you as you progress in your individual treatment cycles. You will be financially responsible for all services provided, even if such services were not anticipated when you began treatment and are not included in the financial visit. Charges that are patient responsibility and remain unpaid after 30 days are subject to an administrative fee of \$15.00 per billing cycle.

I agree to be responsible for all charges incurred by me and to pay my account. If my account is sent to an attorney or collection agency, I agree to pay reasonable attorney’s fees and/or collection expenses (currently at 30%). The amount of the attorney’s fee shall be established by the Court and not a jury in any court action. A delinquent account may be charged interest at the legal rate.

If I am entitled to benefits of any type whatsoever under any policy of insurance, the benefits are hereby assigned to ARMS or to the provider group rendering service, for application on my bill. However I UNDERSTAND THAT I AM RESPONSIBLE FOR PAYMENT OF MY BILL. In rendering treatment, ARMS is relying on my agreement to pay the account.

I have read and understood ARMS payment terms and conditions.

Signature: _____

Date: _____

Witness: _____

T:\ARMS\Consents\New Patient Packet Consent Forms



ARIZONA REPRODUCTIVE MEDICINE SPECIALISTS PREPREGNANCY PLANNING

Becoming a parent is a significant responsibility. As you pursue your treatment, we want to inform you of several issues:

1. Vitamins

A healthy diet is the most important source of vitamins. A vitamin supplement may be prudent if your diet is questionable. In addition, it is recommended that you supplement your diet with 0.4 mg of folic acid as protection against neural birth defects. If you have a history of giving birth to a child with a neural tube deficit, then the dose of Folic Acid is 4mg daily. Ask your physician if you have any questions related to this.

2. Routine Gynecologic screening

It is important that you have been followed appropriately for your regular GYN screening including PAP smears. If you have not had a PAP smear within one year, you will need to obtain one from your primary care provider or OB/GYN.

BLOOD TESTS:

A. Rubella blood test

There are certain infections that have catastrophic consequences during pregnancy. Rubella is such an infection. Our office needs written documentation that you are immune to rubella. If you have not been tested, that will need to be done.

B. Chlamydia Infection

Chlamydia is a sexually transmitted disease. A past or ongoing infection with chlamydia can significantly affect fertility. A blood test for chlamydia antibodies can indicate a past infection and may predict a cause for infertility. If positive, we would treat both partners to assure that a hidden infection is not persistent. If a recent blood test has not been done, we request that one be done.

C. Other infections

AIDS, Hepatitis and Syphilis cannot only have serious implications for your own health; they can significantly affect a pregnancy. We feel that it is prudent for each partner to be tested to make sure these conditions do not exist. We require that all patients receiving treatment with donor gametes or advanced reproductive technologies have had these tests done within the last twelve months. Other patients may elect not to have these tests done. If you chose not to have these tests done, or if you would like to have these tests performed, please indicate your choice to our Nurse or Medical Assistant

*****These or other tests may be recommended by your physician.***

We understand that AIDS, Hepatitis, and Syphilis can be serious infections in pregnancy and result in significant harm to ourselves and any pregnancy which might result from treatment. We have considered this issue carefully and desire:

We prefer to: (Check one) to not have these tests drawn have blood for these tests drawn at ARMS.
 have blood for these tests drawn by my primary care provider.

If you checked to have blood drawn under one of the above conditions, **please check which tests you want run:**

HIV Testing Syphilis testing Hepatitis testing

Husband

Witness

Wife

Date



ARIZONA REPRODUCTIVE MEDICINE SPECIALISTS

Consent to Treat

Medical Treatment: The patient consents to the treatment, services, and procedures which may be performed in the office, which may include but are not limited to multiple visits, laboratory procedures, ultrasound evaluation, x-ray examination, medical and surgical treatment or procedures, anesthesia, or hospital services rendered under the general or specific instructions of the responsible physician or other health care providers. The office may establish certain criteria which will automatically trigger the performance of specific tests which patient agrees may be performed without any further separate consent.

Legal Relationship between Office and Healthcare Providers: The patient will be treated by his/her attending doctor, resident physician, or healthcare providers and be under his/her care and supervision.

Teaching Program: Arizona Reproductive Medicine Specialists are faculty members of the University of Arizona and Dept of Obstetrics and Gynecology, Banner Good Samaritan Regional Medical Center. As such, our doctors participate in the training of OB/GYN residents and fellows and occasionally, fourth year medical students. Therefore, medical students, residents and fellows may be involved in your care in that they may perform medical interviews, physical exams, and ultrasounds under the direct guidance of an ARMS physician. They may also assist ARMS physicians during surgical procedures. Residents and fellows DO NOT perform critical procedures such as those involved in IVF cycles such as egg retrievals and embryo transfers.

Baby Pictures: I/we hereby consent for ARMS to display baby pictures in the ARMS offices, ARMS website, and/or other ARMS materials that we send/give to ARMS.

I have read and understand this treatment agreement. I am the patient, the parent of a minor child, or the legal representative of the patient and am authorized to act on the patient's behalf to sign this agreement.

Patient: _____ Date: _____

Witness: _____ Date: _____

Cancellation Policy

It is our policy to call and confirm appointments prior to the scheduled appointment time. If we are unable to reach you and leave a voice message reminding you of the appointment, we expect a confirmation call back from you the same day the message was left. You can do this by calling and speaking to one of our office staff, or by leaving us a voice message if after hours. **If we do not receive a confirmation from you, your appointment slot may be given to someone else.**

We understand that sometimes it is impossible for you to keep your scheduled appointment. However, if you know in advance that you will not be able to make it in for your appointment; we do require that you inform us at least 24 hours in advance so that we may schedule another patient in your time slot. Please call us at 602-343-2767 to notify us. We have voice messaging available for weekends and evenings so that you may leave us a message if necessary.

If you do not call to cancel or do not show for your appointment after confirming with us, you will be charged the full amount of your scheduled appointment. This charge is not billable to your insurance company and therefore must be paid by you. This policy helps us serve all of our patients more effectively. Thank you for your cooperation in this matter.

I have read, understand and agree to abide by ARMS cancellation policy.

Patient: _____ Date: _____



**ARIZONA REPRODUCTIVE MEDICINE SPECIALISTS
PREPREGNANCY PLANNING**

ZIKA VIRUS INFORMATION

This information is important for those who are planning a pregnancy, or who are already pregnant, as well as their sexual partners.

The Zika Virus can cause serious birth defects and is a risk in many parts of the world.

The Zika virus can be spread in several ways: through a bite from an infected mosquito; through sexual Transmission from an infected male or female; from a pregnant woman to her fetus during pregnancy, or at the time of birth; or through a blood transfusion.

Symptoms of Zika may be mild and may include: fever, rash, joint pain, headache, red eyes, or muscle pain. It's important to also know that some individuals may not have any symptoms at all.

Facts: There's currently no vaccine or medicine that can be taken to prevent you from getting the Zika virus therefore, it's important that someone who is at risk for the virus should not attempt pregnancy until a designated time period has expired from the date of return from travel, or from the resolution of symptoms.

It's very important for all men and women, who are planning a pregnancy, or who are pregnant, to visit the CDC (Center for Disease Control) website: www.cdc.gov/zika for the most up to date information on the Zika virus as well as: geographical areas of risk, prevention, prenatal and pregnancy guidelines and recommendations, as well as precautions to take during your travel, as well as after your return home.

Please be advised that it is your responsibility to inform your physician at ARMS immediately if:

- You or your partner have traveled to or live in an area where Zika is present.
- You or your partner have symptoms of the Zika virus or have tested positive for the Zika virus.

Our signatures below confirm that we understand the information above and that we have had adequate time to have our questions addressed. We acknowledge that the Zika virus can cause serious birth defects and that it is our responsibility to address any questions to our health care provider(s).

Female _____

Male/Partner _____

Witness _____

Date _____