

Fertility Treatment Financial Policy

Katie Ostrom MD (KOMD) requires payment in full at the time of service. All non-covered services, co-payments, and/or co-insurance will be due at the time of treatment. We will assume that you DO NOT have fertility benefits unless you notify us otherwise. If you do have benefits for fertility treatment you will need to speak with our Practice Manager before you begin treatment and notify her as to what services require prior approval.

The following is provided to ensure that you understand your financial responsibility prior to seeking treatment at KOMD.

1.	You are responsible (if required by your insurance) for obtaining prior authorization(s) from your Primary Care Physicians (PCP) and/or insurance company. Please bring authorization to your first visit or have your PCP mail or fax it to us prior to your initial consultation. We will preauthorize with your insurance carrier all surgical and hospital treatments(initial)
2.	All patients must schedule a financial consult with our Practice Manager prior to starting treatment(initial)
3.	After your initial consultation, you are responsible for obtaining subsequent authorizations prior to initiating any treatment. Any services not authorized by your insurance company will be denied and will ultimately become your responsibility. Remember that a prior authorization does not guarantee benefit payment. Contact your insurance company for verification of benefits. (initial)
4.	For patients undergoing fertility treatment including IUI, Egg Retrieval and IVF, payment is due prior to initiating treatment. This will be discussed in detail during your financial consultation(initial)
5.	We encourage you to take an active role in understanding your insurance benefits and coverage prior to beginning any fertility treatment(initial)
5.	Sometimes it may take up to 4-6 weeks to obtain authorization from your insurance company. If you choose to begin treatment prior to obtaining authorization, you will be financially responsible. Insurance carriers will not retroactively authorize fertility treatment(initial)
7.	If your insurance company covers ART Treatment (IVF) we must have complete benefits and the authorization directly from your insurance carrier. We will collect any co-payments, deductibles or out of pocket expenses before beginning treatment(initial)

0.	balance at the end of their cycle ma to schedule an appointment of an	y be turned over to a collection agency an y kind until arrangements have been milents may be responsible for costs associant.	d may not be able nade to settle the	
9.	All past due accounts must be paid in	n full prior to starting a new cycle(initial)	
10.	We accept payment by Cash, Mo accepted(initial)	ney Order, MasterCard, Visa and AmEx	α. Checks are not	
11.	•	n every insurance provider and with ever ces rendered, specifically as they are r al)	-	
12. KOMD has professional fees, facility fees, and cycle management fees for all IVF Because this portion is not contracted with any insurance carriers, there is no creduction or negotiated fee schedule. You will be responsible for the portion the carrier does not cover(initial)				
13.	. When using our package, please note these are discounted rates for patients who have little on infertility coverage. I am accepting the cash package in lieu of using my insurance because this is not a covered benefit. I understand by using this package I am unable to, nor is KOMD ab to bill the insurance carrier for reimbursement. KOMD will not make any contracted adjustmen if patients knowingly submit those charges to the insurance carrier for reimbursement (initial)			
14.	Many times, our physicians may recommend that you move forward in using injectable fertilit medications. It is your responsibility to know if these medications are covered under you insurance plan. You will need to check with your insurance company to determine if sel injectable specialty medications are covered. You will need to provide the phone number if pricapproval for specialty medications is required(initial)			
15.	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 full at time of service for any non-covered services(initial)			
tha		MD LLC's financial policy and agree to its ed to my insurance carrier and that I will		
PA	ΓΙΕΝΤ Name (Printed)	Patient Signature	Date	
PAI	RTNER Name (Printed)	Partner Signature	Date	
	MD Practice Manager	Practice Manager Signature	 Date	

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