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|---------------------|--|--------------------|---|-------------|---|------------------------------|-----|
| Patient Information | Name (Last, First, MI) | | | Maiden Name | | Today's Date | |
| | Street Address | | | | | NYULMC Medical Record Number | |
| | City | | State | Zip | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | SSN |
| | Cell Phone () Preferred <input type="checkbox"/> | | Work Phone () Preferred <input type="checkbox"/> | | Home Phone () Preferred <input type="checkbox"/> | | |
| | Occupation | Employer / Address | | | | Email Address | |
| | Date of Birth | Preferred Language | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Other | | | | |
| | Race | | Ethnicity | | Religion | | |

| | | | | | |
|-----------------------|--|---------|----------------|-----------|-------------------------|
| Guarantor Information | Is patient also guarantor? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no please provide information below) | | | | |
| | Name | Address | City/State/Zip | Telephone | Relationship to Patient |

| | | | |
|---------------------|------------------------------|---|---------------|
| Partner Information | Name | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
| | For Emergency Contact () | Employer | Email Address |

| | | |
|-------------------------------|--|---|
| Medical /Referral Information | Who referred you to NYU Fertility Center? <input type="checkbox"/> Physician (please complete information below) <input type="checkbox"/> Patient <input type="checkbox"/> Friend/Family <input type="checkbox"/> Website <input type="checkbox"/> Other: _____ | |
| | Referring Physician | Physician Phone/Fax (if known) () / |
| | Physician Address (if known) | |
| | Required Laboratory <input type="checkbox"/> Quest <input type="checkbox"/> Enzo <input type="checkbox"/> LabCorp <input type="checkbox"/> Other: _____ | Required Pharmacy |

| | | | | | |
|-----------------------|--|----------|---|---------------|-------|
| Insurance Information | Primary Insurance Company | Policy # | | Group # | |
| | Claims Address | City | State | Zip | Phone |
| | Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____ | | Name of Subscriber (if other than patient) | | |
| | Subscriber's Social Security # | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | |
| | Secondary Insurance Company | Policy # | | Group # | |
| | Claims Address | City | State | Zip | Phone |
| | Patient's Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other _____ | | Name of Subscriber (if Other Than Patient) | | |
| | Subscriber's Social Security # | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | |

Please provide your medical and pharmacy benefits cards, for both primary and secondary insurance even if we do not participate with your carrier. You must advise NYULFC of any change in address or insurance carrier. As a service to our patients, we provide a courtesy bill pay reminder call and possibly other important calls that may be placed using a prerecorded message. By providing your cell phone number, you consent to receiving such calls at this number. By signing below, I acknowledge that the information I have provided is correct.

Patient Signature: _____ Date: ____/____/____

Guarantor Signature (if other than patient): _____ Date: ____/____/____



NYU Langone Medical Center

Notice of Privacy Practices

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGMENT FORM

By signing this form, I acknowledge that I have received a copy of NYU Langone Medical Center's Notice of Privacy Practices.

Patient Name: _____

Signature: _____ **Date:** _____

Personal Representative's Name (if applicable): _____

Personal Representative's Authority (e.g., parent, guardian, health care proxy):

Effective as of 01/01/2016.

Satellite Financial Policy for Patient Services

Madison Women's Health & Fertility

As you get ready to begin treatment, it is of the utmost importance that you understand the financial commitment you are making once you decide to begin a cycle. Our billing associates are available to provide information, help you review fees and work with your insurance carrier(s). **We recommend that you contact your insurance carrier as soon as possible** to allow ample time for approvals, paper work and other issues to be addressed prior to the start of your cycle.

Please review this financial policy to avoid any miscommunication relevant to financial procedures during your In Vitro Fertilization (IVF), Frozen Embryo Transfer (FET), Donor Egg (DE) or Egg Freeze (EF) cycle at the NYU Langone Fertility Center. If you have general billing questions regarding your cycle, **please contact our billing associates at (212) 263-8647**. Your call will be returned within 1 business day.

Insurance Notification

You must notify the NYU Langone Fertility Center billing associate of all insurance coverage (primary and secondary) in effect at the time of service and also of any change in carrier or coverage while undergoing treatment at NYULFC. Please identify any documentation required by your carrier well in advance of receiving treatment, as **requests for letters of medical necessity or predetermination of benefits require at least a 30-day notice** to accommodate the turnaround time at the member services section of your insurer. These timelines also apply to your pharmacy benefit.

Our billing associates must submit all documentation requested by your insurer, including medical records from your primary reproductive endocrinologist and letters of coverage from other insurers, in order to obtain pre-authorization.

Pre-Authorization/Pre-Certification

Currently, NYU Langone Fertility Center currently participates in United HealthCare's Empire Plan as a Center of Excellence for infertility treatment, United Health Care, Aetna, OptumHealth, Oxford, and Empire Blue Cross and Blue Shield.

These insurance plans may have lifetime maximums, may limit the number of attempts for infertility treatment or exclude certain treatments. **Most require prior authorization/pre-certification and or registration with infertility case management** once it is determined that infertility treatment is appropriate. The NYU Langone Fertility Center billing staff will process authorizations only for services that are rendered at this facility (i.e. retrieval, embryology laboratory services and embryo transfer).

Although our Billing Associates Group will provide assistance whenever possible, it is the responsibility of the patient to obtain authorization and/or to register with the appropriate case management team at their carrier prior to the start of treatment. As is insurance carriers' policy, **pre-authorization does not guarantee payment; benefits may be denied or only partial payments received based upon the status of the patient's benefit at the time the claim is processed**. Prior to your Day 2 start, please call Xavier Figueroa or Tania Torres at (212) 263-0044 or 212-263-2707 to confirm that proper authorization for your cycle has been obtained.

Outstanding Balances

You must settle all outstanding balances for any services rendered by providers at NYU Langone Fertility Center before a cycle reservation may be made. This includes storage fees, prior cycle balances, etc.

Satellite Financial Policy for Patient Services

Madison Women's Health & Fertility

Payment Due Schedule

Payment is due at the time services are rendered, including deductibles, co-payments and co-insurances. When unplanned services are performed, payment is due upon notification that services were performed.

- IVF, EF and FET cycle payment is due on Day 2 or Day 3 of the cycle.
- Donor Egg cycle payment is due when a donor is matched.

NYULFC accepts payment in the form of check (*payable to NYU Langone Fertility Center*), credit card (*American Express, MasterCard or Visa*), money order or cash. We do not accept traveler's checks. A fee of \$50 is imposed for any returned check.

Co-payments/Co-insurances/Deductibles

You are responsible for full payment of applicable co-payments/co-insurances and deductibles as set by your benefit plan. Any service that is excluded or non-covered by an insurance carrier must be paid for by the patient at the time of service or at Day 2 or Day 3.

Insurance Claims Submittal

IVF Coverage/Participating Plan: Claims for authorized treatment will be submitted to participating carriers with the appropriate procedure and diagnosis codes as determined by your physician. Deductible, co-payments, and co-insurances must be paid at the time of service.

Financial Statement

All patients will receive an itemized financial statement upon the completion of services provided by NYULFC. All other patients will receive a global IVF receipt. This receipt/statement is appropriate for Flexible Spending Accounts (FSA).

Refunds

If it is determined that a refund is due, a review of the account will be performed and the refund will be issued provided all services that have been rendered are paid. Refunds for the remaining amount will be issued according to the method of payment:

- American Express, Visa or MasterCard: *within 2 days*
- Cash or Personal Check: *a check payable to you will be issued within 20 business days*

If your cycle is cancelled, please do not stop payment on your check or issue a credit card dispute. Contact our billing associates at (212) 263-8647 for information and to discuss your refund. If you cycle again, you have the option of keeping the appropriate refund balance on account until your next cycle.

Storage of Gametes and/or Embryos

It is very important that you keep a current contact address and telephone number on file with the NYU Langone Fertility Center in the event we need to contact you regarding stored gametes and/or embryos. Patients wishing to discontinue storage must complete a consent form. Failure to complete the discard form results in continued storage charges. Contact our billing associates at (212) 263-8647 to request this form.

The charges for the storage of gametes and/or embryos must be paid upon receipt. Embryo and egg storage is billed annually. Please submit payment upon receipt of your storage invoice. Non-payment of

Satellite Financial Policy for Patient Services

Madison Women's Health & Fertility

storage fees may result in the embryos and/or gametes being designated as abandoned and they may be discarded for non-payment.

Outside Providers

Services such as pharmacy, some laboratory testing, anesthesia, genetic testing, genetic probe development for PGD, psychological counseling, donor agencies, egg banks, transportation providers, shippers and other services, are billed by the outside provider. Any information regarding charges must be obtained from the provider of service. Please refer to the customer service telephone number on the invoice you receive.

Failure to Pay

Failure to pay for NYULFC services at the time they are due may result in cancellation of treatment. Our policy is to contact all patients with past due charges by telephone to initiate a resolution in advance of cycle cancellation. Should your treatment cycle be cancelled for this or other reasons, you will be charged for the services you have received up to and including the cancellation date. NYU Langone Fertility Center utilizes the services of a professional, licensed collection agency and/or collection attorney to assist in the collection of severely past due accounts of patients that are unresponsive to our requests for payment.

Address Change

Please keep the NYU Langone Fertility Center informed of any personal address or telephone number or email address changes. Occasionally, we will need to contact patients for follow up, and it is important that we have accurate contact information. You may update your contact information by calling our office at (212) 263-8990.

Fees

Please refer to the NYU Langone Fertility Center Fee Schedule that is attached to this policy for a detailed list of fees. Every attempt is made to identify fees that are involved in treatment before your cycle begins. However, you may incur additional fees due to your individual needs or changing medical issues. Fees are subject to change without notice.

Satellite Financial Policy for Patient Services

Madison Women's Health & Fertility

| Service | Fee | Due Date |
|---|---|----------------------------|
| Fresh In Vitro Fertilization Cycle (IVF) with Transfer: For ultrasound guidance, oocyte retrieval, embryo transfer, culture of oocytes, sperm preparation. Does not include anesthesia, follicular monitoring by TV ultrasound, endocrine assays, ICSI or PGD/PGS. | \$8,950 | Day 2 or 3 |
| Phase 1 In Vitro Fertilization Cycle (IVF) for PGD/PGS: For sperm preparation, culture of oocytes, retrieval with ultrasound guidance, and initial cryopreservation. Does not include anesthesia, follicular monitoring by TV ultrasound, endocrine assays, ICSI, PGD/PGS, genetics laboratory analysis or sample shipping. | \$8,525 | Day 2 or 3 |
| PGD/PGS as Part of Phase 1: Includes the NYULFC lab portion of embryo trophectoderm biopsy for PGD/PGS of up to 6 embryos and shipping them to an outside laboratory for testing. Does not include PGD/PGS testing by outside laboratory. Additional fee of \$250 charged by NYULFC per embryo after the first 6 and additional outside laboratory fees. | \$3,450 | Day 2 or 3 |
| Phase 2 Frozen Embryo Transfer: Includes transfer of embryo(s) from Phase 1 cycle. Only applies to the first transfer after Phase 1, Endocrine assays are excluded. | \$2,000 | Day 2 or 3 |
| Exclusive Donor Egg Cycle (fresh) | \$28,835 | Donor Stimulation |
| Frozen Egg Banked | \$21,110 | Donor Stimulation |
| Exclusive Donor Egg Cycle using Agency Donor (fresh) | \$18,835 | Donor Stimulation |
| Exclusive Donor Egg Cycle using Frozen Donor Eggs from Agency (NAFG) | \$16,110 | When Eggs Arrive at NYULFC |
| Exclusive Donor Egg Cycle using Frozen Donor Eggs from Agency (My Egg Bank or Fairfax) | \$7,835 | When Eggs Arrive at NYULFC |
| Frozen Embryo Transfer (FET) | \$2,695 | Day 2 or 3 |
| Egg Freeze Cycle: Elective procedure not covered by insurance, includes the first year of egg cryostorage | \$7,000 | Day 2 or 3 |
| Egg Freeze Thaw Cycle: Elective procedure not covered by insurance | \$3,850 | Start of Cycle |
| Additional Fees: These additional services may be required during the course of treatment. | | |
| Pre-requisite Laboratory Testing | \$800 to \$1500 | Receipt of Bill |
| Psychological Counseling- non-participating Cost depends on session type - individual, couples, donors | \$200 to \$1100 | Day of Service |
| Genetic Counseling | \$175 | Day of Service |
| Endocrine Assay- per assay | \$125 | Day of Service |
| Transvaginal Ultrasound/Abdominal Ultrasound | \$295 | Day of Service |
| Wellness Services: Acupuncture, Mind/Body Support Groups, Yoga Classes, Nutrition | Varies | As Per Provider |
| Semen Analysis | \$200 | Day of Service |
| Out-of-Town Donor: Administrative fee | \$1000 | Donor Lupron |
| Gestational Carrier Fees | Varies | As Per Provider |
| Partner Genetic Testing: For Cystic Fibrosis, Ashkenazi, Sickle Cell, etc. | Varies | Receipt of Bill |
| Anesthesia Services: For Oocyte Retrieval (payable to NYU Anesthesia Associates – cost dependent on time/units) | \$1100 to \$1500 | Receipt of Bill |
| Intracytoplasmic Sperm Injection (ICSI) | \$3000 | Day 2 or 3 |
| Testicular Biopsy: NYULFC fees for andrology services | Varies | Day of Service |
| Testicular Biopsy: Outside Provider fees (NYU Urology Associates) | Varies | Receipt of Bill |
| Embryo Biopsy for Aneuploidy or Single Gene Defect (PGD/PGS) per cycle NYULFC fees (includes transport) for up to 6 embryos More than 6 embryos If you have less than 6 embryos, you will be refunded \$500 for each embryo (maximum \$3000) | \$3450 \$450 non-refundable Additional \$250 per embryo | Day 2 or 3 |
| Processing of Biopsy for Aneuploidy or Single Gene Defect (PGD/PGS) Outside Provider fees. Payment must be arranged in advance of the cycle reservation. | Varies | As Per Provider |
| Embryo Cryopreservation: Includes the first year of storage at NYULFC | \$1500 | Day of Service |
| Embryo Cryopreservation as part of Egg Freeze Cycle: Includes the first year of storage at NYULFC | \$1000 | Receipt of Bill |
| Embryo Cryostorage: One year of storage at NYULFC | \$1000 | Receipt of Bill |
| Oocyte (Egg) Cryopreservation: Includes the first year of storage at NYULFC | \$2250 | Day of Service |
| Oocyte (Egg) Cryostorage: One year of storage at NYULFC | \$1000 | Receipt of Bill |
| Sperm Cryopreservation: Includes the first six months of storage at NYULFC | \$500 | Day of Service |
| Sperm Cryostorage: Six months of storage at NYULFC | \$250 | Receipt of Bill |
| Donor Sperm | Varies | As Per Provider |
| Medication as Prescribed-pharmacy may be mandated by insurance | \$2000 to \$8000 | As Per Provider |

Fees are subject to change without notice