

Associates in Womens Health, L.L.C

Infertility Services Agreement

Effective 05/01/2025

Associates in Womens Health (AWH) is committed to providing quality care to our patients. The following is our financial policy regarding provision of infertility related services. All patients desiring infertility services must sign this agreement prior to any infertility services being rendered.

Insurance coverage and infertility services

Insurance coverage for infertility services and treatment can be confusing. We encourage patients to review their insurance policy and contact their insurance company with any questions about coverage.

If the patient changes insurance while enrolled in our infertility services program the patient is responsible to provide a copy of their new insurance card immediately to AWH so that we may complete any authorizations or notifications prior to rendering further services.

Financial policy regarding infertility services

All infertility services are provided on a pre-pay basis only. AWH requires a pre-payment of \$1500 prior to starting cycle-day ultrasounds or intra-uterine insemination procedures. Pre-payment is accepted via credit card or cash, **checks will not be accepted**. This pre-payment will typically cover 2 cycles of ultrasound, trigger shot and IUI. Once the pre-payment credit has been exhausted AWH will collect another pre-payment if the patient wishes to continue receiving infertility services. The pre-payment may be paid by credit card via the patient portal (login required), via our website at www.awhomaha.com (no login required), by calling the billing department at (402) 614-8181 to pay over the phone, or by bringing a cash payment to the office.

Upon arrival for any infertility appointment the patient will be presented with an itemized waiver listing the cost of each service to be rendered, the patient may use the waiver to indicate whether insurance should be billed. Please see the attached estimate sheet for a list of our most common infertility services and associated fees, and please note that these fees are subject to change at any time.

Each patient's account must be current and have no existing balance prior to receiving infertility services.

If non-infertility services are rendered while the patient is enrolled in our infertility services program, any resulting balance must be paid in full prior to further infertility services being rendered.

If the patient wishes to use their Healthcare Savings Account (HSA) to prepay for infertility services, it is the patient's responsibility to be aware of and adhere to any rules regarding their HSA policy. Patients should consult their Human Resources department with any questions about HSA spending.

If the patient achieves pregnancy and wishes to receive OB care with our office we will use any remaining credit from the pre-payment to satisfy any patient balance resulting from OB services.

If the patient decides to discontinue infertility services with our office we will refund any remaining credit once all claims have processed through insurance. Please note that it may take 4-6 weeks for a refund to be processed and sent out once all claims have processed.

Coding

All infertility services rendered will be coded as such when the claim is filed to insurance. We cannot change this coding for the sole purpose of getting insurance to pay for the services; changing the coding of insurance claims for this reason is considered insurance fraud.

Surgical procedures

If the physician recommends a surgical procedure to diagnose or treat infertility we will contact insurance to determine benefits. We require pre-payment of any patient responsibility prior to the procedure. If surgery is to be done in a hospital setting there will be additional facility charges (anesthesia, equipment use, etc.) billed by the hospital, and may result in a balance due directly to the hospital. We are a private practice, and have no involvement in the hospital's billing practices. Please contact them directly with any questions about facility charges.

Disclaimer

Please note that all fee amounts listed are subject to change at any time. Any information provided by insurance regarding coverage is an estimate, and not a guarantee of payment or coverage. Final determination of coverage will be determined when a claim is submitted.

Non-compliance

Failure to abide by the procedures set forth in this document will result in postponement of further infertility services until procedures are followed. If non-compliance continues AWH may decline to provide further infertility services to the patient.

Acknowledgement

Name (printed): _____

Signature: _____ Date: _____

My signature serves as acknowledgement that I have read the Infertility Services Agreement, and I agree to abide by the procedures laid out within. I also understand and agree that, due to changes in the medical and medical insurance industry, the practice may amend such terms from time to time. I understand that this agreement will remain in effect until I terminate this agreement by giving a written notice of my decision. If I have any questions at any time, I should contact the AWH billing department at (402) 614-8181.