



FSMG Financial Policy

Thank you for choosing Fertility Specialists Medical Group (FSMG) to address your reproductive health needs. As a new patient, we would like to acquaint you with our office financial policy.

Insurance Benefits

If you have health insurance, we encourage you to verify your benefits with your insurance company, either via their website or by calling the number listed on the back of your insurance card(s). As a courtesy, if you fax a copy of your insurance card prior to your visit (858-505-5555), we will run a benefit check and provide you with a copy at your initial consultation. The information we provide is not a guarantee of coverage or payment by your insurer; it is the response given by your insurance company in response to our request for benefit verification. We encourage you to independently verify your benefits and notify us of any contradictions; a reference number from our conversation with them is noted at the bottom of your benefit sheet should you need it.

- If you have questions about your insurance, our financial team will try to assist you as much as possible. However, specific coverage issues should be directed to your insurance company's Member Services Department (their contact information should be listed on your insurance card).
- It is your responsibility to notify the office of any changes to your insurance coverage, and fax any new insurance card(s) to 858-505-5555.

Medical Coverage

PPO Plans - We are contracted with several major insurance carriers, and will bill these insurances for all covered services. FSMG does not guarantee that your insurance will pay for all or any part of your service(s). All co-pays must be paid prior to any service being rendered. This requirement cannot be waived by our practice, as it is a requirement placed on you by your insurance carrier.

- If we are not contracted with your PPO plan, or for medical care not covered by your insurance policy, payment in full is due at the time of the visit or PRIOR to you starting any cycle of treatment (ex. prior to start of injectable medications or prior to a baseline US appt – whichever is first).
- If you are unable to provide payment in full when indicated, your visit may need to be rescheduled and/or the treatment cycle may be delayed.
- We are able to provide itemized charges ONLY for fee-for-service visits.

HMO / POS / EPO Plans - If your insurance carrier requires that you obtain an authorization or referral from your primary care provider or referring physician before receiving services from us, please contact us with the referral or authorization number prior to your appointment. It is your responsibility to obtain any required referrals for office visits or treatment prior to the visit or start of treatment.

- You will be financially responsible for any services you receive without a prior authorization, should one be required. Should you choose to proceed with services without an authorization, you will be asked to sign a waiver acknowledging that you chose to proceed without an authorization and accept financial responsibility. Payment in full will be collected prior to services being rendered.
- Should you choose to proceed with services with a pending authorization, you will be asked to sign a waiver acknowledging that you chose to proceed with a pending authorization. Payment of your assumed portion with a pending authorization will be collected prior to service. If your authorization is denied, the remaining portion due for services provided are your financial responsibility and will be due at that time.

Co-insurance and Deductible(s) - You are responsible for any co-insurance, deductibles or non-covered services not paid by your insurance. You will receive a statement from our office indicating what your insurance has paid and any balance remaining is due upon receipt.

Non-Covered Services - Your insurance company will only pay for services that it determines to be medically necessary and are covered by your policy. If your insurance company determines that a particular service is not medically necessary or not covered by your policy, your insurance company will deny payment for that service. If your insurance company denies payment, you are fully responsible for payment.

No Insurance/No Coverage (Benefits) for Evaluation

Full payment will be due at the time of service.

We offer a Cash Case Rate discount, based on bundled services and upfront payment, to minimize the expense of a basic fertility evaluation. If a Cash Case Rate package is purchased, we will not be able to bill insurance for services within the Cash Case Rate or provide an itemized receipt/statement.

Cancelled Appointments

If you are unable to keep your appointment, please call our office 48 hours before your appointment to reschedule.

Procedures Performed at SDCRS

Please note that all egg retrieval procedures (for IVF, Egg Banking, Embryo Banking, etc) occur at the facility the San Diego Center for Reproductive Surgery (SDCRS). Not all PPO and HMO plans contracted with FSMG are contracted with the SDCRS. It is your responsibility to know any possible OON (out of network) responsibilities you may incur PRIOR to initiating any treatment cycle that will be using SDCRS (IVF or other surgical procedures).

The financial policies for SDCRS are the same as those listed for FSMG above.

General Policies

- Accepted Payments - We accept cash, check, Visa, MasterCard, and Discover.
- Returned Checks - A \$30.00 charge will be added to your account for any returned checks.
- Refunds - Should your treatment be canceled, and a refund is due, it will be processed in a timely manner (in most circumstances, within 30 days). All refunds will be issued in the form of checks.
- Disability or Insurance Forms - There may be a charge of up to \$50.00 for the completion of medical forms. Payment is due at the time that you pick up completed forms. Please allow up to 14 days for the completion of medical forms. If you would like the forms mailed to you or directly to an authorized third party, payment will be due prior to mailing.
- Medical Records - We will provide you with a copy of your medical records upon request for a \$35.00 administrative fee. You will need to sign a letter of release, as will your partner (if applicable). Please allow up to 14 days for us to copy your records.
- Late Fees - Payment is expected upon receipt of a statement. There is a \$30.00 per month late fee if payment is not received within 30 days of statement mailing.
- Collection Agencies - If you fail to make payment in full for services that are rendered, your outstanding balance will be sent to a collection agency. You will be responsible for fees assessed by the collection agency.

If you have any questions or concerns, please contact our Financial Department at (858) 505-5500.