Bethesda Fertility Center
Compassion. Expertise. Success.

Patient Financial Policy

Thank you for choosing the physicians of the ***Bethesda Fertility Center***. We are committed to providing you with the highest quality infertility care and treatment. Your understanding of our Patient Financial Policy is important to our professional - patient relationship. If you have any questions about our fees, our policies or your financial responsibilities, please do not hesitate to contact our billing office at 513-853-4720 or we welcome you to speak with our insurance coordinator at the office. Please take time to carefully review the following information and return this form to the front desk with your signature and today's date.

We require that all patients complete our Patient Financial Policy prior to seeing the physician and on an annual basis. It is your responsibility to notify our office of any patient information changes (i.e. address, insurance or name changes etc.)

INSURANCE

It is the patient's responsibility to provide our office with current insurance information. We will ask for your insurance card at your first visit and will scan it for our records. We will use the information from the card you have given, including the name on your insurance card. If the current information is not obtained at the time of service, it will become the patient responsibility to pay the entire balance until current insurance information is provided. You will be considered 'self-pay' until the current insurance card can be presented.

Your insurance policy is a contract between you and your insurance company. As a courtesy, and pursuant to contractual obligations, we will file all your claims for you. However, we will not become involved in disputes between you and your insurance carrier on benefit determination. This includes, but is not limited to deductibles, co-payments, and non-covered charges. We strive to get the most benefit for you; however, many insurance plans are limited in regards to infertility services. We will verify your coverage and send you a separate letter with coverage specific to your plan.

You are ultimately responsible for the timely payment of your account.

CO-PAYMENTS

Co-payments are due at the time you check in at the front desk for each office visit. We do require a co-payment for blood draws only due to the oversight and physician interpretation necessary to determine your treatment plan. You will be expected to pay a co-payment for these visits. We do not collect a copayment on the weekend; however you will be billed for any patient responsibility left by your insurance plan.

PREPAYMENTS

A Prepayment letter will be sent to all IVF patients with your insurance coverage information after it is confirmed by our insurance coordinator. If you do not have benefits for IVF, you will be considered 'self-pay' and an estimated cost structure will be given to you. Our office policy is to have payment before the procedure. If your account has an outstanding balance, you jeopardize going forward in your treatment or future care.

UNPAID OR OUTSTANDING BALANCES

We ask that full payment be made at the time of service for any unpaid patient responsibility or outstanding balances. If your insurance company has not paid the balance in full, you will receive a statement notifying you of the amount due. You may call our billing office at 513-853-4720 to make payment or discuss possible payment arrangements. Any overdue balance may be considered for further collection activity.

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PAST DUE
Any patient that has a balance not paid upon receipt of 3 statements is considered past due. Full payment on the balance due is expected within 30 days unless prior arrangements have been made. Any account with a past due balance may be placed with a professional collection agency.

We accept cash, checks, Visa, MasterCard, American Express and Discover

RETURNED CHECKS
The charge for a returned check is $25.00 and will be applied to your account in addition to the insufficient funds amount.

DISABILITY /FMLA FORMS
FMLA and Disability forms are often requested to be completed by the practice. Many of the forms require review by the physicians and documentation of detailed medical history questionnaires. Please allow 7-10 business days for the completion of any employer requested forms.

Like all businesses it is our intention to thoroughly explain our financial policies and set forth our expectations of you as a patient. Your assistance and cooperation is greatly appreciated. You will receive a follow up letter after your first visit with a full explanation of your insurance benefits for infertility treatment.

We are excited to have the opportunity to meet you and be a part your treatment and encourage you to contact our billing department 513-853-4720 with any questions. You may also meet personally with our insurance coordinator in our office, at a time that is convenient for you.

I have read the ***Bethesda Fertility Center*** Patient Financial Policy and acknowledge my responsibilities by affixing my signature below.

_____	_____
Patient Name (please print)	Patient Date of Birth
_____	_____
Patient Signature	Date
_____	_____
Name Partner or Spouse (please print)	Partner Date of Birth
_____	_____
Signature of Partner or Spouse	Date