

# Infertility Testing

## Insurance Policy Guidelines for Charges and Payment for the services

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In recent months a number of insurance carriers are informing physician offices of their new policy regarding Infertility testing!

The policy states that the member (PATIENT) is responsible for inquiring regarding coverage for Infertility testing. When the member (PATIENT) calls, the coverage information is given and prior authorization, if required, is given to the member (PATIENT). It is the patients responsibility to inform the physician of the benefits. Therefore, it will become the patients responsibility to pay for these services as they are rendered due to the demands of your insurance carrier. Charges incurred for lab services will be billed to you from you resource lab, AEL. If a visit or consultation occurs, the patient will be asked to pay for that date of service. If an outpatient procedure is elected to be done, we will call your insurance to verify eligibility only, you will be required to pay for the procedure until your insurance answers your claim at which time if the claim is paid for, you will be refunded the amount you paid, less any deductibles, co-insurance or co-pays.

The benefits for this testing are commonly not covered. With so many policies to tract for coverage we must place a minimal amount of responsibility for the patient to inquire on benefits and coverage. Please help us to make sure your coverage is correctly stated to your provider, this will enable you to be part of the decision making regarding you care.