

Columbus Center for
Endocrinology & Infertility, L.L.C.
2323 Whittlesey Road, Columbus GA 31909
Phone Number 706-653-6344
Fax Number 706-653-8933

Premier Fertility
1201 Lower Fayetteville Road, Suite C
Newnan, GA 30265
Phone Number 678-423-1196 or 1-877-588-6344
Fax Number 678-423-1197

Patient Financial and Office Policies

Thank you for choosing our practice! We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care. For your convenience, we have answered a variety of commonly-asked financial policy questions below. If you need further information about any of these policies, please ask to speak with our Billing Specialist or the Practice Manager.

To help you understand and anticipate any difficulties in regarding insurance benefits you may encounter, please review this document.

Insurance coverage in this area of medicine is not as straightforward as in most other areas. For example,

- Many times there is coverage for testing to determine why you are infertile, but no coverage for its treatment.
- Many times payment depends on why the service was performed. For instance, if we do an ultrasound of your ovaries to ensure that an ovarian cyst is shrinking, it will be paid, but if we do the ultrasound to track your response to fertility medications, it will often not be paid.
- Many times the information we get from your insurance over the phone is incorrect or incomplete.

To best serve you, we have developed this approach:

Determination of Insurance Benefits

When you become a patient at Columbus Center for Reproductive Endocrinology and Infertility, we contact your insurance company to obtain information regarding the coverage you have for infertility care. We have developed a list of questions that we ask so as to get a picture of the nature and extent of your coverage. If you think you have different coverage, or a different level of benefits, please notify us, so that we may clarify the information. We also suggest that you call your insurance company directly for clarification.

Unfortunately, this verification of benefits does not oblige insurers to pay. Insurance companies protect themselves by stating that verification of your insurance coverage by them is:

- Not a guarantee of payment, and is
- Not a guarantee of what is actually covered and not covered

Because of this disclaimer, even when they have told you or us that a service is covered, there is no obligation for them to pay. The true determination as to whether a service is covered is made at the time the claim is received by the insurance company. Whether insurance will pay is dependent on whether:

- The service you received is covered by your plan
- The reason for the service (the diagnosis) is covered by your plan
- The appropriate deductibles and co pays have been met
- "Pre-existing condition" exclusions apply

Further complicating payment is that some plans require that:

- You have experienced infertility for a specified amount of time before services will be covered or
- The infertility is not due to prior elective sterilization
- Certain treatment steps are taken before other treatment steps will be covered. This may not always be consistent with the course of treatment that we think is best for you. For instance, some companies will pay for IVF treatment, but only after 3 tries of gonadotropin cycles have failed.

There may be occurrences where your insurance company denies payment and deems that a service “is not medically necessary” and assign the responsibility to you.

Claims Filing

For insurance companies and networks with which we are contracted, we will be happy to file a claim for coverage of rendered services with your insurance company, if you have insurance with a network with which we participate and your plan provides benefits for the service provided for the reason it was provided and there is no other restrictions on covered services of which we are aware. We will collect all copayments at the time of your visit.

If you have insurance with an insurer with which we participate, but your plan does not provide benefits for your diagnosis or for the procedures/services, then full payment is required at each visit. We expect all balances to be settled on the day it occurs.

Currently, we participate with the following:

Aetna	Tricare
BCBS of GA	BCBS of AL
Cigna	United Healthcare
Coventry	Humana

For insurance companies/networks with which we are not contracted,

If you have health insurance with an insurer with which we do not participate, we will bill your insurance as a courtesy with your understanding that you will be responsible for the higher deductibles and coinsurances. As noted above, we require that each patient's balance be settled within 30 days.

Other items

Infertility treatment can be expensive, and we do not want to let you get “in over your head”. Thus, we collect in full for each service as it is rendered, except in the case of IVF Service, which is discussed further below. We strive to anticipate how much service will cost you for each and every visit (by calculating your portion of charges after the insurance is applied), and expect that costs will be paid at that visit. On occasion, however, this is not possible. In some cases the actual charge can be estimated (as in surgery), In other cases, we discover monies owed after a visit has occurred. These situations are described below, and also the way we handle them.

- **All IVF Cycles**

Fees for all IVD Cycles (IVF, Frozen Embryo Transfers, Egg Recipient/Donor Cycles, etc.) are collected in advance of the start of the Cycle.

- **Surgery**

If you are having surgery, we will calculate an estimate of the charges you would be responsible to pay based on your “in” or “out” of network status and based on the information the insurance company provides to us. This payment is required prior to the surgery. We will also file the claim with your insurance company. If you are “in” network, you are responsible for any patient balance after insurance adjustments have been taken. If you are “out” of network, you are responsible for the difference between what we charge and what insurance pays.

- **Additional Services Rendered**

Occasionally, when the doctor reviews lab results, they determine that another test is needed to make a complete evaluation. When this occurs, the charges for the additional test will be posted to your account at the time the test is ordered. Occasionally, our audits detect that services were incorrectly posted to your account, resulting in overcharges or undercharges. When we identify such errors, we will correct your account. This could result in a credit or a balance.

- **Settling of Balances**

As discussed above, there are times when insurance companies process a claim in a manner different than expected. In these cases:

Initial Each Box	
	A claim may be completely denied as not covered, with no payment being made, thereby making you entirely responsible for the charge
	A claim may pay differently than was anticipated, also thereby making you responsible for a larger portion of the charge than expected.
	Even though your insurance company communicated to us and we in turn communicated to you that a given service or set of services is covered, this IS NOT A GUARANTEE BY US of your insurance company's coverage for that service or set of services. If your insurance company denies coverage for any reason, you are responsible for full payment of the services billed. Because the insurance company stated that the verbal information they provide is not a guarantee of payment nor can it be relied on as a guarantee of coverage, we are not responsible for any statement made by your insurance company, nor any statement made by us to you based on information given to us by your insurance company. It is very important for you to understand that the only TRUE representation of whether a given service is covered is when your insurance company actually processes the claim.

When this occurs, we will first try to understand why: Was the claim processed correctly? Were the appropriate diagnosis used? Were benefits incorrectly stated to us at verification? Typically an insurance company will send an EOB (explanation of Benefits) that outlines what they paid and didn't pay and why. If we believe there are errors in the claim, we will resubmit it. If you receive an EOB that processed your claim differently than you expected, please call your insurance company to clarify. If the insurance company states that they processed the claim incorrectly, please obtain the name of the person you spoke with, and call us with that information so we can note this in your account. If your insurance company reprocesses the claim, when you receive the corrected EOB showing payment was made to us, please call us to issue a refund to you.

If however there are no errors, we will make the corresponding adjustments to your account, determine the portion of the charge you are responsible for, and post this portion to your account.

As stated previously, there are times when an insurance company states that the test or procedure is not consistent with the diagnosis assigned to you. Dr. Thiruppathi performs or order services to be performed when he determines that they are important in the diagnosis and treatment of the patient for the particular circumstances of the patient. When your insurance

company denies payment and renders the decision that the services are “not consistent with the diagnosis”, it has decided otherwise.

Initials	
	<p>When services have been performed by/ordered by Dr. Thiruppathi, and your insurance deems the services to be “inconsistent with the diagnosis or “not covered”, your doctor has deemed them to be important in your diagnosis and treatment and for your particular circumstances. Your signature below acknowledges your agreement that you will be responsible for the payment for these services, should your insurance company deny payment and state that these services are “inconsistent with the diagnosis or not covered by your plan” assigned to you.</p>

Initials	
	<p>Insurance companies often perform audits of paid claims. These audits can be performed for up to two from the latter of the following (a) the date of service, (b) the receipt of the claim, (c) the payment of the claim, or (d) the receipt of an appeal. When an insurance company performs an audit of and determines that claims were paid in error and should not have been, the insurance company contacts us for a refund of the monies they paid. They then direct us to collect for the services from the patient. Unfortunately, this may mean that for a period of up to two years after any one of the above listed events your insurance company may reverse their decision. If this should occur we will then contact you for payment of these services.</p>

Is Interest Charged?

Should you have an outstanding balance on your account that is over 30 days and is your responsibility, we will assess simple interest on the unpaid balance at the rate of 1.5% per month. This represents annual interest rate of 18%.

Do I Need A Referral?

If you have an HMO, POS and or Tricare plan with which we are contracted, you will need a referral authorization from your primary care physician or your ob/gyn to obtain services from our physician. **It is your responsibility to obtain the referral for this visit.**

If we have not received an authorization prior to your arrival at the office, we have a telephone available for you to call your referring physician to obtain it. If you are unable to obtain a referral at the time of your visit, **You will be rescheduled.** It is your responsibility to keep up with the number of visits you have on your referral and when it expires. If you are currently under treatment and your referral runs out or expires it is your responsibility to obtain more visits and or a new referral, otherwise you will be responsible for these charges.

What Is My Financial Responsibility for Services?

Your financial responsibility depends on a variety of factors, as explained above. Claims that have not been paid in 45 days will be automatically billed to you and we can assist you in refilling your insurance at your request.

If you do not supply your entire social security number and the policy holder's entire social security number we will be unable to bill your claims to your insurance company. This could result in the charges being your responsibility.

How May I Pay?

We accept payment by cash, check, VISA, and Mastercard. Payment is due at time of service. This includes all copayments, co-insurance, deductibles and any fees that are not covered by your insurance policy.

For your convenience, our billing office is staffed Monday through Thursday from 7:00 AM to 3:30 PM. The phone number is 706-653-6344 ext 207. You are expected to make payment in full upon receipt of a billing statement showing your balance due. Other payment plans or options may be available upon completion of a financial statement analysis. Please contact our Patient Financial Services for this information and/or when you're billing address changes.

When is my account delinquent?

An account is considered past due 60 days following billing unless other arrangements have been made. Unpaid accounts beyond 90 days are considered delinquent and will be forwarded to our collection agency.

Office Policies**Are there Service Charges?**

If the decision is made to see a patient who does not have his/her co-pays, deductible, and coinsurance. A service charge of \$25 will be added to your bill. And the patients insurance will be notified in writing that this occurred which could result in a loss of insurance.

- We charge \$25 for paper work to be filled out for work and for any written letters. Insurance does not cover this service.
- Any returned checks that we receive for your account will be charged \$40.

Coping of chart

We charge \$1.00 per page for coping of your medical records. If your request is from another doctor's office there is no charge for the medical records.

What about missed appointments?

We would appreciate your help and courtesy of a call if you are unable to keep an appointment. Please notify our office at least twenty-four (24) hours prior to the appointment time. We reserve the right to charge you a missed appointment fee of \$25 and three (3) non-cancelled missed appointments are grounds for patient discharge.

- If you are 15 minutes late for your appointment. You will be rescheduled.

Legal Fee:

Any patient sent to collections will be responsible for all collection fees. If a patient is taken to small claims court the patient will be responsible for all fees/charges.

Assignment of Benefits

Please make sure that you sign page 2 and 3 of the new patient demographics. This allows us to file your claims to your insurance company and allow payments to us.

Phone calls to the Doctor

Our physician does not do telephone medicine; if you need to talk to the doctor we can arrange an appointment for you.

How are my Medication Refills handled?

Our policy is for the patient to call their pharmacy and ask them to fax the request for your medication to 706-653-8933. Requests are usually handled within 48 business hours. Processing times may vary depending on the availability of your doctor, who for your safety must review each request prior to completion.

Emergencies after hours

If you need medical care when the office is closed, please go to the ER located at Doctors Hospital at 616 19th Street Columbus, GA or to The Medical Center at 700 Center Street Columbus, GA. The emergency staff will contact the doctor and let him know that you are there.

What if my child needs to see the physician?

A parent or legal guardian must accompany patients who are minors on the patient's first visit. This accompanying adult (who consents to the treatment) is responsible for payment of the account, according to the policy outlined on the previous pages. We will not be involved in separation/divorce disputes.

Financial Counselors

We understand that infertility is a challenging problem. Unfortunately, managing insurance benefits is often troublesome in this area. We have financial counselors who are well trained to help you navigate these often troubled waters. Feel free to work with them.

I have read, understand, and agree to the above Financial Policy. I understand that charges not covered by my insurance company, as well as applicable co-payments, deductibles, and any co-insurance are my responsibility.

I authorize my insurance benefits to be paid directly to Columbus Center for Reproductive Endocrinology and Infertility, L.L.C.

I authorize Columbus Center for Reproductive Endocrinology and Infertility, L.L.C. to release pertinent medical information to my insurance company when requested.

Printed Name: _____ **Date:** _____

Signature: _____

