

Your Miracle. Our Mission.™

Patient Financial Responsibility Notice
Insurance Company Change Year to Year

Dear Patient,

Often a new year brings changes with personal insurance provider selections. This signed form will be required to be received by our scheduling staff by December 12th for any patient services scheduled between the dates of December 16, 2018 and January 1, 2019.

Fertility Centers of Illinois will make our best effort to coordinate your care in a cost-effective manner within the limits of your insurance benefit, and to minimize the out of pocket expense which you are responsible for. Fertility benefits can and do vary widely by state, insurer, and specific plan. The coverage available to you depends on insurance choices you made with your employer or purchased independently.

Your insurance coverage is specified in a contract between you and the insurance company. Please note that we are not a party to your insurance contract. You are responsible for understanding the details of your insurance plan, and we rely on you to keep Fertility Centers of Illinois up-to-date with correct information about your coverage.

Please select the option below that applies to you:

I elected the same insurance plan for 2019 that charges were billed to in 2018.
Initial Covered services can change year-to-year even though your plan (or group number) doesn't. Fertility Centers of Illinois encourages you to independently confirm the exact extent of coverage of benefits and request evidence of coverage with your insurance carrier and your employer.

I elected a different insurance plan for 2019 that charges were billed to in 2018.
Initial Authorization requirements vary by insurance plans. Please complete as much information as possible below. At minimum, we need the name of the new insurance company which —alone— relays a significant amount of information to our billing department. Your insurance election for 2019 will influence our ability to obtain authorizations when required. In some circumstances, you may not be eligible to proceed with services in January dependent on meeting your newly elected insurance plan authorization criteria.

Patient's 2019 Insurance Company: _____ **Subscriber ID:** _____ **Group #:** _____
(Required to be able to schedule in January 2019)

Spouse/Partner's 2019 Insurance Company: _____ **Subscriber ID:** _____ **Group #:** _____

I access insurance through my employer or my spouse's/partner's employer? Yes No

If yes, Employer Name: _____ Employer Headquarters State: _____

If no, how? _____

All patients will be required to provide a valid insurance card or other evidence of coverage at the time of service. If a card is unavailable at the time of your first service(s) in 2019, please call your insurance provider in advance of your appointment and obtain the information above to bring to your appointment. Additionally, you may be asked to pay a deposit if your coverage has a deductible greater than \$1000, you have limited coverage, or you have no coverage for infertility.

I, _____ have read and understand the policy outlined above and agree to accept full financial responsibility as described. I authorize payment to Fertility Centers of Illinois of insurance benefits for claims submitted on my behalf and I also authorize Fertility Centers of Illinois to release any medical information necessary for claim payments. Patients who are married or in a legal union are jointly responsible for all charges incurred.

Patient Signature: _____ **Date:** _____