

Financial Policy

The following is provided to ensure that you understand your financial responsibility prior to seeking treatment at FSMAC.

1. You are responsible for obtaining prior authorization(s) from your Primary Care Physicians (PCP) and/or insurance company. Please bring authorization to your first visit or have your PCP mail or fax it to us prior to your initial consultation. We will preauthorize with your insurance carrier all surgical and hospital treatments. _____ (initial)
2. All patients must schedule a financial consult with our financial consultant prior to starting treatment. _____ (initial)
3. After your initial consultation, you are responsible for obtaining subsequent authorizations prior to initiating any treatment. Any services not authorized by your insurance company will be denied and will ultimately become your responsibility. Remember that a prior authorization does not guarantee benefit payment. Contact your insurance company for verification of benefits. _____ (initial)
4. For patients undergoing our 3 Cycle or Donor Cycle package, payment is due prior to initiating treatment. This will be discussed in detail during your financial consultation. _____ (initial)
5. We encourage you to take an active role in understanding your insurance benefits and coverage prior to beginning any fertility treatment. No one is as interested in your insurance coverage as you are. _____ (initial)
6. Sometimes it may take up to 4-6 weeks to obtain authorization from your insurance company. If you choose to begin treatment prior to obtaining authorization, you will be financially responsible. Insurance carriers will not retroactively authorize fertility treatment. _____ (initial)
7. If your insurance company covers ART Treatment (IVF) we must have complete benefits and the authorization directly from your insurance carrier. We will collect any co-payments, deductibles or out of pocket expenses before beginning treatment. _____ (initial)
8. All past due accounts must be paid in full prior to starting a new cycle. _____ (initial)
9. We accept payment by cash, check, MasterCard, Visa and AmEx. _____ (initial)
10. We deal ethically and honestly with every insurance provider and with every service claim we file. We will only submit for services rendered, specifically as they are rendered with the appropriate diagnosis. _____ (initial)
11. FSMAC has professional fees (physician) and facility fees for all IVF treatment. Because the facility portion is not contracted with any insurance carriers, there is no contractual reduction or negotiated fee schedule. You will be responsible for the portion the insurance carrier does not cover. _____ (initial)

12. When using our 3 cycle or Donor cycle package, please note these are discounted rates for patients who have little or no infertility coverage. I am accepting the cash package in lieu of using my insurance. I understand by using this package I am unable to, nor is FSAC able to bill the insurance carrier for reimbursement. FSMAC will not make any contracted adjustments if patients knowingly submit those charges to the insurance carrier for reimbursement. _____ (initial)