



# Women's Specialty & Fertility Center

## WELCOME TO OUR PRACTICE

We appreciate your appointment and we pledge to provide you with the highest quality medical care. Please read the following information to ensure the best possible experience for you here in our office. Please do not hesitate to discuss any questions or concerns that you may have.

### PRIVACY

We make every effort to protect your privacy and maintain personalized health care information in a confidential manner. Women's Specialty & Fertility Center (WSFC) has a Health Insurance Portability and Accountability Act (HIPAA) office policy in place, which describes how your protected health information may be used and disclosed and how you can obtain access to this information. Any request for medical information must be made in writing.

**I authorize WSFC to discuss medical information related to my care to the following family members. Only those listed here will be authorized:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SPECIALISTS

We are specialists in Gynecology and Infertility. We are not primary care providers and accept patients by referral only. Therefore it is important that you have a relationship with a primary physician to provide ongoing health care. If you are being treated here for infertility, it is our policy that you return to your original referring OB/GYN once you have achieved pregnancy.

### PROVIDERS

Michael Synn MD, Carlos Sueldo MD, Carolina Sueldo MD, Missy Montes NP, Dani Ellen NP and Christine Card NP work together to provide medical care for our patients at WSFC. You may be scheduled with any of these providers for your consultation and/or services provided at WSFC. If you have a personal preference we will try to accommodate if at all possible.

### HOSPITALS

Our physicians perform procedures at Clovis Community Medical Center **only**. If you present to any other facility for medical care, we will be unable to attend to you.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## **INSURANCE / BENEFITS**

WSFC makes a good faith attempt to determine benefit levels & estimate any charges you may incur. It is ultimately your responsibility to understand your level of coverage from your insurance company and whatever financial responsibility you will ultimately have. It is your responsibility to supply us with appropriate billing information. This includes current insurance identification as well as the billing address and anything else required by your insurance carrier for payment of claims. It is your responsibility to be sure that your referral and authorization arrive prior to your visit. If you consent to receive medical services that are considered a “non-covered benefit” by your HMO or PPO, you will be held financially responsible for these charges.

We are not accepting new Medi-Cal and Medicare patients. If you have these plans and choose to still have services for GYN and Infertility here, you will be financially responsible for all charges.

## **COSTS & PRIOR AUTHORIZATIONS**

WSFC makes every effort to give you the best value for our services. We pride ourselves as one of the most affordable programs in the state. Our staff will pre-authorize any procedures with your insurance company prior to scheduling your procedures. Please be advised that this authorization does not ensure payment. Please contact your insurance company to determine if your insurance pays for your planned procedure. **Procedures that are pre-authorized but are not covered will be the patient’s responsibility.** After your procedure is scheduled, we will inform you about the portion of the surgery fee for which you will be responsible to pay determined by the terms of your insurance policy. This payment is due before the date of surgery. Although we make a good faith attempt to determine benefit levels & estimate any charges you may incur it is ultimately your responsibility to understand coverage from your insurance company and whatever financial responsibility you will have

## **DIAGNOSIS**

We utilize the International Classification of Diseases ( ICD.CM) and the latest Current Procedural Terminology (CPT) codes to classify your diagnosis and treatment. Many couples we see are referred because they desire to become pregnant and carry a child full term. In the majority of cases, this includes a diagnosis of infertility. We are required to code your visit with all applicable diagnoses. Failure to do so would constitute fraud.

## **PAYMENT POLICY**

Payment is expected at the time of your visit. You will be required to pay any co-payment, deductible and/or non-covered services before you are seen. Most health insurance companies do not cover infertility treatment therefore you will be expected to pay for infertility services before the time of service. For your convenience our office accepts Cash, Checks, AMEX, Visa & Master Card. WSFC does not accept checks for IVF / GIFT procedures.

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### **RETURNED CHECKS**

If your check is returned, you could be liable for three (3) times the amount of the check or \$100.00 whichever is greater, plus the face value of the check and any court cost. Our normal charge for a returned check is the check amount, plus any bank fees. You may be asked to pay cash for returned checks.

### **CANCELLATION OF SCHEDULED APPOINTMENTS**

We realize that unforeseen circumstances might make it impossible for you to keep your appointment. If this should occur, we ask that you kindly call our office 24 hours prior to your appointment and reschedule for a more convenient time. Should a patient fail to cancel a previously scheduled appointment, she will be notified by our office and reminded of our policy. If the patient should fail two appointments without canceling, she will be charged a \$ 25.00 fee for a failed appointment. Your insurance carrier will not cover this charge. After payment of the cancellation fee, you be rescheduled at the next available opening. If you continue to fail appointments, you may be dismissed from the practice and will need to seek medical care from another facility.

### **OUTSIDE PROVIDERS**

Many insurance companies require that you use a specific laboratory, radiologist, pharmacy or other contracted specialist. We are familiar with the requirements of some insurance companies and will make a good faith effort to direct you the best that we can but it is ultimately your responsibility to understand your level of coverage and which contracted facilities you must use. It is your responsibility to determine which outside providers are contracted with your insurance.

### **MONITORING**

Occasionally we are asked to monitor your infertility treatment by physicians who are outside the area. We do this as a courtesy to the patients, however please be advised that you will be required to follow up / see your primary care physician for any questions regarding your medical treatment.

### **TELEPHONE CALLS**

All of our office staff and providers are qualified and experienced in answering your calls and addressing your medical needs. Our staff will be able to answer routine questions for you. However; in general, non-emergency concerns should be addressed at a scheduled office visit. Emergent calls will be taken by our staff or the telephone exchange service and directed to the appropriate provider. If you have a life threatening emergency please call 911.

### **AFTER HOUR SERVICES**

Our practice offers a very specialized service and as such only our physicians can provide our patients the majority of their care needs. Our physicians will respond to after hours emergent patient needs

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

however we ask that you please use reasonable judgement when determining what is urgent and what is routine when calling for after hour care.

### **MEDICAL RECORDS**

Our office will copy your medical records upon request and after signing a Release of Medical Information form. The fee for copying your records is \$25.00. All requests for medical records must be made in writing. We will not release medical records to any patient or family member without consent from the patient. It is our policy to respond to these requests within 15 working days.

### **HEALTHY CHOICES**

We want to work with you to help you make healthy and beneficial choices. You have the right to decline any medical therapies or evaluations that we might discuss.

Tobacco use is known to decrease the pregnancy rates in women undergoing treatment for infertility. It is also associated with complications during pregnancy and childbirth. Tobacco use has also been shown to decrease sperm function. Moreover, it is simply harmful to your overall health. Smoking is not allowed in our office at any time.

Please enjoy your food or beverage outside of the office. Staining of carpet and furniture is an unsightly and expensive consequence of spilled drinks.

We strive to offer you excellence in both medical and personal care in an atmosphere of comfort and mutual respect. As we respect you, we ask that you respect our staff and other patients by complying with our policies.

Please do not hesitate to speak to any member of our staff if you have any questions regarding these policies.

### **FINANCIAL DISCLOSURE**

WSFC is a member of Community Foundation Medical Group (CFMG) and I may receive a bill from CFMG for services provided by WSFC and/or the group's providers.

### **THANK YOU FOR CHOOSING WOMEN'S SPECIALTY & FERTILITY CENTER**

**I have read and understand these policies.**

**Patient Name (please print):** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_