

**Payment Policy at Ark-La-Tex Fertility and Reproductive Medicine
(AFRM)/E and A Labs and Imaging, LLC (EALI).**

Our billing policies are based on the following factors: 1) providing cost effective care, 2) keeping fees low while meeting our costs of providing care, 3) collecting fees effectively for the care we provide to allow us to pay our expenses and remain as a reproductive health care provider (rather than close the business), 4) insurance providers vary a lot in how much infertility care is covered, and 5), that the AFRM/EALI has two main billing providers (components or tax ID numbers). The physician services provided by AFRM and the laboratory/technical services are provided by E and A Labs and Imaging, LLC. EALI is an independent specialty reproductive laboratory.

The following are the billing policies:

1. We require that you bring a copy of your insurance policy to your first visit, in order for us to accurately assist you. This will allow us to review your policy and inform you as to whether fertility care is a covered benefit or not. Most gynecologic problems are covered by insurance, and infertility diagnostic steps and tests are often covered by insurance, but treatment of infertility is often not covered in the Arkansas, Texas, and Louisiana area.
2. We will give you our best interpretation of what is or is not covered with respect to fertility care. We will base our subsequent decisions on this determination from your written policy.
3. Patients will fall into one of the following groups: No insurance benefits, insurance benefits but no coverage for infertility, insurance benefits with some coverage for infertility, and insurance benefits with excellent coverage for infertility.
4. For each insurance carrier, the physicians-AFRM and the lab-EALI may or may not be contracted providers of services. Physician's fees and technical/lab fees may therefore be handled in different manners because the patient's insurance may have different contracted relationships with the physician-AFRM component as compared to the EALI lab provider component.
5. To summarize, the following billing policies may apply to all patients at the AFRM/EALI and patients may fall into one of the following billing categories: A, B, or C:

A. Patients with insurance that is contracted with AFRM-the physicians and EALI-the lab.

The patient is expected to pay at time of service in full her copay or deductibles for covered services. She will also be expected to pay in full at time of service for any services that are non-covered services. For covered services the AFRM and/or EALI will file the insurance claim. For non-covered services, the patient will be given the transaction record-the explanation of services, and she may attempt to file a claim with her insurance if she wishes, although it will likely be denied.

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B. Patients with insurance that is not contracted with AFRM-the physicians and EALI-the lab.

The patient will be expected to pay in full at time of service for any services, both covered and non-covered services. For covered services and for non-covered services, the patient will be given the transaction record-the explanation of services upon request. She should file a claim with the insurance carrier for covered services to obtain her reimbursement. She may attempt to file the claim for non-covered services with the insurance carrier if she wishes, although it will likely be denied.

C. Patients without insurance, Self-pay patients.

The patient will be expected to pay in full for any services at the time services are rendered. The patient will be given the transaction record-explanation of services at check-out upon request.

We will provide a copy of the invoice/transaction record for all billed services. Patients are reminded to keep copies of their invoices for their records in dealing with their insurance company. A small charge will be taken for requests for duplicate invoices.

Finally, patients should again be aware that in some circumstances, the patient's insurance carrier has a different contractual relationship with the physician provider component-AFRM and the laboratory/technical component-EALI. As such, physician fees could be handled in one fashion, for example as in section A above, while technical fees could be handled in another fashion, as in sections B or C, for example.

6. Payments can be made by cash, credit card, money order, or by check (unless specifically restricted and informed otherwise.) Payments can be made to AFRM. AFRM acts as a billing agent for EALI, the lab, at no cost to the patients, so that patients will not need to write two checks.

7. Patients may occasionally leave the office in a hurry in order to meet other time deadlines (get back to work, make a meeting on time, etc.). Those patients leaving the office without paying their expected portion at time of service will be expected to pay their expected portion from their previous time of service in full at their next appointment to allow services to continue.

8. Any check returned as insufficient funds (NSF) will be handled as follows. The payment will be reversed from the patient account and a NSF fee of \$25.00 will be assessed in addition to the amount of the check, and the patient will be placed on a Cash, Credit Card, or Money Order only status. **All NSF checks will be allowed 10 days from notification to be paid in full.** After that time frame the check will automatically be placed for further collection activities.

Patient compliance with these billing policies will allow us to best serve patients most knowledgeably with respect to their insurance and the patients' financial responsibilities while allowing us to effectively cover our expenses and provide reproductive health services to the people of the Ark-La-Tex area. By my signature below, I attest that I understand the billing policies including that I will be billed from two providers, AFRM and EALI, and that I have been given a copy of these policies.

Name _____ Date _____