

Patient Insurance Benefit Confirmation

Pacific Reproductive Center provides the following sample questions to assist our patients when contacting their insurance carriers. PRC understands that fertility can be expensive and suggests patients be their own advocate when determining benefits available. We suggest that patients contact their insurance carrier **PRIOR** to beginning any testing or treatment and to keep records of documentation and correspondences made.

Typical Levels of Coverage

- No benefits for any infertility diagnosis.
 - A diagnosis cannot be altered for submission to insurance companies.
- Office visits and diagnostic testing may be covered to determine the underlying cause of infertility.
- Diagnosis, treatment, IUI and IVF may be a covered benefit.
 - These services may be limited to a dollar amount or number of cycles allowed per calendar year or lifetime.

What to Ask

1. Do I have coverage for infertility testing? Treatment?
2. Do I have 'out of network' coverage?
3. Are there any specific exclusions, or a waiting period, in regards to infertility coverage?
4. Is there a pre-existing condition limitation?
5. Do I need a referral before I see a physician?
6. Is there a pre-certification/authorization requirement before beginning the process?
7. Do I have a deductible? How much have I met year-to-date?
8. What is the co-pay for seeing a specialist?
9. Do I have coverage for diagnostic evaluation of infertility such as:
 - a. Office visits
 - b. Blood/lab work
 - c. Radiological testing (ultrasounds, HSG, SonoHSG, HSC)
10. Do I have coverage for the following treatments/procedures:
 - a. Artificial Intrauterine Insemination (IUI)
 - b. In Vitro Fertilization
 - c. Egg Donation
 - d. Surrogacy
 - e. Frozen Embryo Transfer
 - f. ICSI –intracytoplasmic sperm injection
 - g. Assisted Hatching
 - h. Freezing and storage of embryos
11. Is there a specific laboratory which must be used?
12. Is there a specific pharmacy which must be used?
 - a. Part of the medical benefit? Separate infertility pharmacy benefit?
13. Are injectable fertility medications a covered benefit? Is a prior authorization required?

A note about Insurance:

Your insurance is a contract between you, the insurance carrier, and your employer. The verification of benefits is not a guarantee of payment and it is the patient's responsibility to stay informed of any benefit changes. You must be eligible at time of service for benefits to apply. PRC will bill for services that are covered; patient is responsible for deductible, co-pay, and co-insurance. Laboratory testing when not completed at PRC will be sent to an outside facility. Any services provided are to be paid directly to the outside laboratory