AUSTIN FERTILITY
SURGERY CENTER

6500 N. Mopac
Bldg. III, Suite 3104
Austin, Texas 78731
Tel: (512) 614-4830
Fax (512) 284-7899

Conditions

- **Payment of Services**- Payment in full is expected at time of scheduling. For any IVF or ART procedures, payment is due prior to start of medication. Payment must be made prior to the performance of any planned procedures. We accept payment by cash, check, money order, MasterCard, Visa, American Express, or Discover.
- **Insurance**—Our office will file insurance claims for covered services rendered for contracted plans unless prior arrangements have been made directly by you with our Billing Department. Before our office can file your claim, an assignment of benefits must be signed. You are responsible for payment of all deductibles, co-insurance, and non- covered services. Your estimated responsibility must be paid in full prior to the performance of any planned procedure. Claims for non-covered services should not be submitted to your insurance company. Claims will not be filed to out of network insurance companies.
- **Government Sponsored Health Plans-** Austin Fertility Surgery Center is not a provider for any government sponsored health plans such as Medicare, Medicaid, or Tricare.
- **Returned Checks**- Austin Fertility Surgery Center charges a fee for all returned checks. In addition, you could be asked to bring cash or a money order to cover any returned check and assessed fee. If one of your checks is returned, you could also be asked to bring cash or a money order to cover any future services.
- **Past Due Accounts**- Patients who have not tried to settle their account may be turned over to a collection agency. All past due accounts must be paid in full prior to starting a new cycle. In the event of default, patients may be responsible for costs associated with collection as well as reasonable attorney's fees.
- **Communications About My Healthcare**- I agree I may be contacted by the Provider or an agent of the Provider for scheduling and follow-up purposes.
- **Notice of Privacy Practices-** I acknowledge that I have had an opportunity to review Austin Fertility Surgery Center's Notice of Privacy Practices, which explains how my medical information may be used and disclosed. I understand that I am entitled to receive a copy of this notice._____**Initial**
- **Notice of Patient Rights and Responsibilities-** I acknowledge that I have had an opportunity to review the statement of Patient Rights and Responsibilities, which notifies me of my rights and responsibilities while undergoing medical care. I understand that I am entitled to receive a copy of this notice._____**Initial**
- **Physician Ownership** - Austin Fertility Surgery Center has physician owners. Disclosure can be obtained upon request._____**Initial**
- **Contracted Insurance-** Austin Fertility Surgery Center (AFSC) offers substantial discounts to patients who pay cash in advance. If you have insurance that covers our services, you have two choices; you may either pay the discounted cash price and not submit the claim to your insurance company (as they will not reimburse you if you chose to pay cash), or you can pay your portion of the insurance rate (which may be higher or lower than the cash price). Procedure pricing is subject to rates negotiated by your insurance carrier. I acknowledge and agree that if I have provided my insurance information to AFSC, I have consented to claims submission by them and I waive access to any discounted self-pay rate. I also acknowledge that I am obligated to pay my portion of the rate negotiated by my insurance carrier for covered services. Alternatively, I understand that AFSC offers a cash rate that I can choose to pay instead of using my insurance and billing these procedures to my insurance company._____**Initial**

I have read and understand Austin Fertility Surgery Center's above conditions and agree to the terms.

_____ _____ **Patient Label**

Patient Name Date

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Patient Signature