



# Austin IVF

## Financial Policy

**Payment of Services-** Payment in full is expected at the time of service. 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-** Austin IVF, LLP is not contracted with any insurance companies. However, in an attempt to provide patients with as much assistance as possible, Austin IVF will submit claims, (excluding any government sponsored health plans); on a patient's behalf if we can determine that the services provided by Austin IVF to the patient are covered by the patient's insurance policy.

**Government Sponsored Health Plans-** Austin IVF is not a provider for any government sponsored health plans such as Medicare, Medicaid, or Tricare.

**Storage-** Austin IVF is not a long term storage facility, but will provide short-term storage for embryos, oocytes, and sperm under certain circumstances. There is a non-refundable handling fee charged to transfer gametes or embryos from Austin IVF. Patients are billed on semi-annual basis for storage. Please note that significant additional charges will be incurred for gametes and/or embryos not relocated by the end of the 6 months of pre-paid storage.

**Returned Checks-** Austin IVF 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. In the event that 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 made an effort to settle their account may be turned over to a collection agency and may not be able to schedule an appointment until arrangements have been made to settle their account. 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.

I have read and understand Austin IVF's financial policy and agree to its terms.

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Name (Printed)

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date