

Demographic Sticker

Last Name		First Name		MI
Address		City		State Zip
Date of Birth	Social Security No.	Driver's License No.	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	
Home Phone ()	Work Phone ()	Cell Phone ()	Patient E-Mail	
Name of Partner		Date of Birth	Social Security No.	
Partner E-Mail		Work Phone ()	Cell Phone ()	

I understand that Ovation Fertility is not contracted with all insurance companies or any government sponsored health plans, such as Medicare, Medicaid, or Tricare and that payment in full is due at the time of service unless otherwise advised. I understand that upon request, Ovation Fertility will submit a claim to my insurance company (excluding any government sponsored health plans) as a courtesy, and I acknowledge that it is my responsibility to contact them regarding the status of any claims submitted on my behalf. I authorize the release of any medical records or other information necessary to process my claim. By providing the above information, I have consented to be contacted by Ovation Fertility at any of the above addresses, email or telephone numbers. I further agree that a photocopy of this agreement is as valid as the original.

Patient Signature _____ **Date:** _____

AUTHORIZATION FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I authorize Ovation Fertility to release the following information to my partner: _____

Check all that may be released: Lab Results Semen Analysis Financial Issues Other: _____

I understand that this authorization is valid for twelve (12) months from the date of signature unless otherwise revoked in writing to the address listed above.

Patient Signature _____ **Date:** _____

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E-Mail Policy

To better serve our patients, Ovation Fertility has established an e-mail policy that allows for limited e-mail communication with our patients. For routine matters that do not require immediate response, please feel free to e-mail our office staff. Please remember, however, that this form of communication is not appropriate for use in an emergency. We will strive to respond to all routine patient communication within one to two business days. Please note that our service provider may delay message delivery, and that this function is out of our control. Should you require urgent or immediate attention, please call our office, the nurse on call, your physician, or the answering service directly. Types of communication that are appropriate for e-mail include the following:

- Scheduling inquiries
- Non-urgent medical questions
- Financial questions
- Request for educational materials
- Certain test and lab results

When sending an e-mail, please put the subject of your message in the subject line so we can process it more efficiently. Also, be sure to include your full name and return phone number in the body of the message. We also request that you acknowledge receipt of e-mail coming from this office by using the auto-reply feature.

This office is dedicated to keeping your medical record information confidential. Despite our best efforts, due to the nature of e-mail, unauthorized third parties may gain access to messages. When communicating from work, you should be aware that some companies consider e-mail corporate property and your messages may be monitored. Even when emailing from home, you may feel access to your email is not well controlled, so you should take that into consideration. In addition, you should be aware that Ovation Fertility staff members and physicians would have access to this information.

I understand the risks inherent to email communication and Ovation Fertility will not be responsible for information loss or delay or breaches in confidentiality arising from those risks. I understand that Ovation Fertility periodically sends educational information, information regarding upcoming events, and other permissible information via email and that I may request to be removed from those emailing lists at any time. I understand and agree to the above policy.

By signing below, you are agreeing that we may send you correspondence via email, and that we may respond to your emails to us via email.

Patient Name (printed)	Date	Patient Signature	Email Address
Partner Name (printed)	Date	Partner Signature	Email Address

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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- Ovation Fertility is not contracted with all insurance companies. However, in an attempt to provide patients with as much assistance as possible, Ovation Fertility will submit claims, (excluding any government sponsored health plans); on a patient's behalf if we can determine that, the services provided by Ovation Fertility to the patient are covered by the patient's insurance policy. You must provide Ovation Fertility with a member claim form which can be obtained from your insurance provider.

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

Storage- Please refer to the Ovation Reproductive Materials Cryopreservation & Storage Agreement.

Returned Checks- Ovation Fertility charges a \$50 fee for all returned checks.

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 Ovation Fertility's financial policy and agree to its terms.

Patient Name (Printed)

Patient Signature

Date

Partner Name (Printed)

Partner Signature

Date