



Financial Information for Patients

Billing Process

When you called our clinic as a new patient, our schedulers gather all your demographic and insurance information.

It is the patient's responsibility to know your coverage/benefits and obtain the proper referrals to be seen by the physician. **If you are coming to us as a "self-pay" (no insurance, no referral required), you will be asked to pay \$250. This amount applies for all new and return visits as a self-pay only.**

If you ask us to bill your insurance for your visits and services provided and your insurance does not cover, you will receive a bill and the Self-Pay Rate CANNOT be applied.

Self-pay patients are eligible for discount services, when paid at the time of service.

UPI provides a 40% discount

UCH provides a 50% discount (for any service obtained at University of Colorado Hospital)

If you are unsure if your insurance will pay for any given appointment or service, you may elect to utilize this "self-pay" discount and submit the claim to your insurance company yourself. If they do cover the service, they will reimburse you directly at their discretion.

Labs – The clinic utilizes **LabCorp, Quest or Memorial** for any labs that are drawn at the clinic. We have a contract with these labs that allows us to provide a discount for labs. This discount only applies if you are self-pay at the time of service. If you are utilizing your insurance, please check with your insurance to make sure that they are contracted with LabCorp, Quest or Memorial. If your insurance is not and you would like to use your insurance, a physical order will be given to you to obtain the labs at an in-network lab service.

If you have CU Anthem or CU GME, all labs for infertility testing and treatment must be drawn at the Xpress Lab at UCH in order to be covered by your insurance or you will need to self-pay for your labs at CU ARM.

If you have Aetna, all labs for infertility testing and treatment must be drawn at a Quest Lab in order to be covered by your insurance or you will need to self-pay for your labs at CU ARM.

Co-Payments, as indicated by your insurance plan, **are required at the time of service**. If you are unable to pay your copay at the time of service, your appointment may be rescheduled.

For each outpatient visit you will receive one statement.

- **UPI (University Physicians, Inc.)** will bill you for services provided by your physician as well as any physicians in ancillary departments who participate in your care (i.e., pathologist, radiologist, etc.)
- **If any services are provided through UCH, you will receive a separate billing statement for the facility component.**

If you have any questions regarding a statement or invoices from either UPI or UCH, please contact the appropriate billing department which will be listed on any invoice you receive. For your convenience, the telephone numbers for Patient Accounts are:

UPI: 303-493-7000 or 1-800-621-9134 and

UCH: 720-848-8800 or 1-866-429-6045

Statements are sent from the billing office of location.

NO BILLING OR STATEMENTS ARE GENERATED OR SENT FROM THE CLINIC. PLEASE CONTACT THE ABOVE PATIENT ACCOUNTS FOR ASSISTANCE.

Insurance Information

Please keep in mind that your insurance policy represents a contract between you and your insurance company. It is your responsibility to understand your benefits and to submit information needed to correctly and timely process your claims. Please contact your insurance representative if you have any questions.

If you have a health insurance that requires referrals, it may be necessary for you to contact your Primary Care Provider (PCP) to obtain a referral. If you fail to do so, your insurance company may refuse to accept charges and you will be responsible for paying for services for which you may have coverage.

In the event that additional information is needed to process a referral, do not hesitate to let us know. These are standard requests and can be easily accommodated when given sufficient time prior to your scheduled appointment. **Most insurance providers require at least 48 hours notification for a referral request.**

Assisted Reproductive Medicine Procedures

It is the policy of the CU Advanced Reproductive Medicine Center to **collect all fees** for assisted reproductive medicine procedures **prior to the procedure (this includes IVF procedures).**

You may be required to sign a financial waiver if we currently have insurance information in our billing system and you ask that your insurance company be billed.

Surgeries

Any time surgery is recommended, you should check on your insurance coverage. It is important also to know your diagnosis and to verify your own benefits for a procedure. For example, an outpatient laparoscopy procedure may be covered, but when done for a diagnosis of infertility, no benefit is provided. Your insurance company may contain stipulations about “preferred” or “network” providers. If your surgery is performed by a physician or in a hospital that is not within the network, your benefits may be reduced.

Remember—even though your surgery may be covered, it may not be covered at 100%. Additionally, your insurance company may pay only what they consider “usual and customary” charges. You may be responsible for any difference in these charges.

Co-payments for surgery, as indicated by your insurance plan, must be paid at the time of admission. Once you have been scheduled for surgery with one of our physicians at UCH, our Surgery Scheduler will contact your insurance company. At this time benefits will be verified. **The pre-certification from your insurance company does not guarantee payment.** *If you are having an elective procedure not paid by insurance, you will be responsible for paying 80% of the estimated operating room costs prior to the date of surgery. The remaining 20% will be billed to you by UCH and UPI post-services.*

If your insurance requires referrals, it may be necessary for you to obtain a referral from your Primary Care Physician for the surgery.

The following are a list of questions for you to ask your HR department and insurance company in order to assist you in understanding your benefit.

Questions for your Employer/Benefits Administrator (HR Department)

- Is infertility covered on my current health plan?
 - If NO: Do we have a plan that does cover infertility?
 - Can I change plan? When?
 - What is the waiting period before I can start treatment for a pre-existing infertility condition?
 - If infertility is a benefit, does it include diagnosis **AND** treatment?
 - Are there restrictions to the infertility benefit?
 - Are infertility medications covered?

Questions for your Insurance Company

Be sure to get the name of the person with whom you are speaking, as well as his/her telephone number an extension if available.

- What is my infertility benefit?
- Am I restricted to using certain specialists or infertility clinics? If so, which ones?
- Does my benefit include treatment and diagnosis? What is excluded?
- Do I have a lifetime maximum benefit? If so, what is the limit?
- Do I have a calendar year maximum benefit? If so, what is the limit?
- Do I need a referral for diagnostic or treatment procedures?
- What is the maximum number of allowed attempts for fertilization procedures other than In-Vitro Fertilization (VF), such as ovulation induction and intrauterine insemination?
- What is the maximum number of allowed attempts for IVF?
- Is embryo cryopreservation and storage covered?
- Are donor sperm and/or egg options covered?

Hopefully this document has helped with any questions you have regarding the financial aspect of our clinic. If you have any further questions, please call our front desk at 303-724-8089 and we will be happy to help.