

Cooper Institute for Advanced Reproductive Medicine **FINANCIAL POLICY**

We, at the Cooper Institute are committed to provide you with the best possible medical care, and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, Financial Policy, or your responsibility. Our financial policy is as follows:

1. If you do not have any insurance coverage, FULL PAYMENT is expected on the same day the service is rendered.
2. If you have insurance coverage, you will be responsible for your portion of co-pay/co-insurance and /or deductible according to your policy on the same day of service. You have to provide us with insurance information prior to your appointment. If you have not done so, you have to pay the bill in full and you can file insurance on your own.
3. **FULL PAYMENT FOR ALL THE SURGICAL AND CLINICAL PROCEDURES IS DUE AT THE TIME OF SERVICE. FOLLOW UP APPOINTMENTS WILL BE MADE ONLY AFTER THE FULL PAYMENT (THOSE WITH NO INSURANCE) OR THE PARTIAL PAYMENT ACCORDING TO THE INSURANCE POLICY (THOSE WITH INSURANCE) ARE MADE.**

REGARDING INSURANCE:

1. We will accept your insurance if we obtain approval from your insurance company prior to the time of service. At that time, we will file the insurance for you or we can provide you with the information necessary for you to file with your insurance company, if you make the full payment and desire to do so.
2. If you make the partial payment according to the insurance policy, we will have to file the insurance for you. This will assist you in receiving the maximum benefits allowed. The final balance will be adjusted based on the amount of your payment and the amount we receive from the insurance company.
3. If your insurance company has not processed the claims within 45 days, you have 15 days to pay the balance in full.
4. After we file with your insurance company and they determine that you have overpaid your portion, we will send you a refund check immediately. If you have underpaid your portion of the co-pay, you will be receiving a bill from us for the remaining balance according to the determination of your insurance company. You have to submit payment in full as soon as possible.

I, _____ have read, understood and proposed to abide with the Cooper institute financial policy. Please **select one** of the options below:

- I do not have any insurance coverage and will be responsible for the full payment on the same day of service.
- I do not have insurance coverage for treatment. I will be responsible for the full payment of the cash discounted fee the same day of service. If I want my insurance to billed, I will file claims on my own, the transaction is considered final and the balance will not be adjusted after the insurance company sends me the reimbursement checks. Please make sure to tell insurance company to pay you directly.
- I have insurance coverage but prefer to file insurance on my own. I will be responsible for the full payment on the same day of service. If I make the payment based upon the cash discounted fee schedule, the transaction is considered final and the balance will not be adjusted after the insurance company sends me the reimbursement checks. Please make sure to tell insurance company to pay you directly.
- I authorize the Cooper institute to file insurance on my behalf. I will be responsible for my co-pay and/or co-insurance of _____ for the office visit, lab work etc. on the same day of service. I will also be responsible for my deductible _____ if I have not met it yet according to insurance company.

Signature of Patient

Today's Date