FERTILITY CENTER OF SOUTHERN CALIFORNIA

Benefit Guideline Questionnaire

Date: _____

Insurance company _____
Claims Address _____
_____

Insured ID # _____
Group # _____
Insured Name _____

Precert phone # _____

Representative you are speaking with: _____

Questions to ask:

1. Do I have infertility benefits? Yes No
   a. If no, payment will be expected at time of service.
   b. IF yes, continue with questions

2. Is a consultation covered? Yes No

3. What are my benefits for ultrasounds, labwork, and medications?

4. Is diagnostic testing covered? Yes No

5. Is artificial insemination (IUI) covered? Yes No
   Is in-vitro fertilization (IVF)? Yes No
   Is gamete intrafallopian transfer (GIFT)? Yes No
   Is zygote intrafallopian transfer (ZIFT)? Yes No

   If yes, are there any limits to the number of attempts? _____

6. What is my out of pocket expense?
   a. Deductible: _____
   b. Coinsurance: _____
   c. Maximum Co-pay: _____
   d. Lifetime Max: _____

7. Is preauthorization required? Yes No

8. Please send me a written copy of the information you have provided for me.

Fertility Center of Southern California believes that if you have insurance coverage your insurance company will require pre-certification or pre-authorization for the services provided here. If no authorization is obtained because inadequate information was given, you will be responsible for payment.

I understand that I am responsible for providing my medical benefits information to Fertility Center of Southern California. I agree that if I do not provide the necessary information, I will be responsible for payment.

_____ _____

Patient Signature Date