

Thank you for making an appointment with Main Line Fertility. Below is helpful information regarding your initial appointment. Please feel free to contact the office with any questions.

### **Preparation:**

- Print and complete **Demographic Form**. (If single or in a relationship, only one form necessary.)
- Print and complete **Medical History Form and Consents Packet**. (Please choose form most appropriate and complete. If in a relationship, patient and partner each need to complete their own Medical History Form.)
- Request copy of any *pertinent* medical records that you have received from your current or past physicians or your partner's physicians (if applicable) including: semen analysis results, blood tests (infectious disease, hormonal testing, cycle day 2-3 FSH and estradiol, AMH), fertility medication history, previous IUI/IVF cycles, HSG, hysteroscopy, most recent PAP). Record release forms are available at [www.mainlinefertility.com](http://www.mainlinefertility.com) under Patient Forms.
- Call insurance company to verify infertility benefits - Please refer to second page when calling insurance company.
- Call to request referral from your PCP (if required by your insurance plan for specialist).  
NPI 1669434700, diagnosis for female patient is E28.8, diagnosis for male patient N46.9
- Call for Authorization (if required by your plan for infertility care):
  - Patients with Aetna insurance being seen for infertility should call to register with the Aetna Infertility Hotline at 800-575-5999.
  - Patients with United Health Care insurance being seen for infertility should call to register with Fertility Solutions at 866-774-4626.
  - Patients with Progyny Fertility Benefits should call 888-843-8758 to register.

### **Day of appointment, please arrive 15-20 minutes early and bring:**

- Completed **Demographic Form** for patient (and partner if applicable).
- Completed **Medical History Form(s) and Consents** for patient (and partner if applicable).
- Insurance card(s)** for patient (and partner if applicable).
- Driver's License(s)** or picture ID(s) for patient (and partner if applicable).
- Medical records** (if applicable).
- Specialist copay** (if applicable). *If you do not have insurance, please contact the office regarding costs as all payment due is due at time of service.*

### **What to Expect:**

At your first visit, you will be greeted by a Fertility Care Coordinator who will gather your paperwork, insurance card, and ID. They will review your insurance benefits with you, collect copay, and prepare the chart for your visit with the physician.

You may meet with our Physician Assistant or a Medical Resident who will review your medical history.

Depending on the purpose of your visit, the doctor may wish for you to have a transvaginal ultrasound with our ultrasound technician and lab work with our fertility nurse. You will be given the option to have genetic carrier screening as well. (Information about Carrier Screening is under the Patient Form tab on our website. The doctor or nurse will also discuss the benefits of this testing at your visit and can answer any questions you may have.)

Afterwards, you will meet with the physician who will discuss your history, fertility concerns, and results of any preliminary test performed (if applicable). The doctor will offer treatment options designed specifically for you.

**Please allow 1 to 1 ½ hours for your appointment.**



## Understand the Infertility Benefits Provided Under Your Insurance Plan

Before you start care, it is beneficial for you to contact your insurance company to verify infertility benefits so that you are aware of coverage before starting treatment as you will be liable for any services that coverage is denied. Frequent test and procedures performed by our physicians are listed below with their procedure codes. Please call your insurance company to verify that you have coverage for these benefits under your **infertility/reproductive** plan.

Diagnostic Testing:	Covered?	Referral Required?	Prior Authorization required?
Office Visit (99204, 99205, 99214, 99213, 99212, 99211)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound (76830, 76857, 76817)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estradiol (82670)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progesterone (84144)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beta HCG (84702)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FSH (83001)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LH (83002)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venipuncture (36415)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diagnostic Procedures:</b>			
Hysteroscopy (58555, 58558)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysterosalpingogram – HSG (58340)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sonohysterogram (76831)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infertility Procedures:</b>			
IUI (58322)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>In-vitro Fertilization Procedures:</b>			
ICSI (89280, 89281)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extended Culture (89272)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Hatching (89253)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embryo/ Oocyte biopsy (89290,89291)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial cryopreservation, embryo (89258)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage Fee, cryopreserved (89342)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrieval (58970)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Embryo Transfer (58974)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>For Men:</b>			
Semen Analysis (89320, 89321)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### You should also question:

- 1) Are there any dollar limitations or attempt limitations to any of the infertility procedures?
- 2) What is the specialist copay?
- 3) Do I have a deductible, coinsurance, or out of pocket maximum? If so, how much and how much has been met?
- 4) Do I meet the eligibility criteria set by my plan for infertility benefits?
- 5) Do I have any capitation in regard to infertility center or laboratory used?

***We recommend that you keep record of the name of insurance representative who you speak to and the reference number for your call in case there are any discrepancies in coverage during your treatment***