

IVF TREATMENT COVERAGE

Many patients find discussions with insurance providers to be stressful, and when you are dealing with something as important and potentially life-changing as fertility treatment, the pressure increases. Having all of your details together ahead of time can help to ensure a smooth process.

Information to have prepared when contacting your insurance company

- Name of the policy holder
- Insurance identification number
- Insurance group number
- Patient's name and date of birth
- Main Line Fertility's Tax ID Number: 232727889
- Main Line Fertility's NPI number: 1669434700

If you DO NOT have infertility insurance coverage

If you receive your health insurance through your employer and don't have infertility treatment coverage, it may be worth asking whether they would consider offering it; you may be pleasantly surprised. If you are self-employed or buy your own insurance, shopping around for the right policy may open new doors to treatment.

If you DO have infertility insurance coverage, we encourage you to speak to your insurance company. It is important to understand your infertility benefits to avoid confusion and frustration during the process. When speaking to an insurance representative, insist on clear answers and written confirmation to your specific questions. They should be able to answer the following questions:

- Is Main Line Fertility in-network with my plan? If not, does my plan have out-of-network benefits? If so, what is my reimbursement percentage?
- How do I submit receipts for reimbursement for out-of-network procedures?
- Is my plan guaranteed renewable (will it be the same next year)?
- Does my plan have any restrictions or limits to the benefits for infertility diagnosis and infertility treatments? If so, what are they?
- Is there any required waiting period before I can start infertility treatment? If so, how long is it, and when does it begin?
- Will I have to meet a deductible before coverage begins? If so, how much?
- After I have met my deductible, what level or percentage of coverage will be applied to covered treatments?
- Will my coverage be based on the allowable amount or the actual billed amount?
- Is there a maximum payment cap on infertility treatment coverage or on specific procedures?
- Are there age limits for infertility treatment?
- What, if anything, is excluded from coverage?
- Is preauthorization necessary for procedures? If so, which ones? How does the process work and what are the timelines?
- Will I need to get referrals from my primary care physician?

