



OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing The New Hope Center for Reproductive Medicine. We realize that you have a choice in medical providers and are pleased that you have chosen to seek care with us. The staff at The New Hope Center strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Our goal is to provide quality medical care in a timely manner. In order to do so we are providing you with these office policies and procedures. Please feel free to contact our office if you have any questions regarding our policies.

Office Hours: Our office is available Monday-Friday 8:00am to 5:00pm, and may be reached at 757-496-5370. Our fax number is 757-481-3354. If you need an appointment, prescription refill or test results, please call during regular business hours.

Telephone Calls: Our phone lines are open Monday to Friday 8am to 4:30pm. Our telephone lines are very busy and your patience is appreciated. Please keep your messages brief and include your full name and telephone number and one of our staff will return your call as soon as possible.

*For LAB & CLINICAL CALLS: Our Clinical and IVF staff, return follow-up lab test calls after 12 noon each day. Requests received at 4:00pm or later, are handled on our next business day. Based on the days' volume of calls/inquiries, staff may return your call as late as 6:30pm. For this reason, please provide our office with the best telephone number for staff to contact you that we are able to can leave a detailed message with your requested information on voice mail, if you are unavailable to receive their call.

*For PRESCRIPTION REFILLS: When calling to request a prescription refill – please be certain to provide your full name, date of birth, the name of the medication, and the name and telephone number of the pharmacy you are requesting the refill be called/faxed to. Our Clinical and IVF staff address all prescription refill requests after 12 noon each day. Requests received at 4:00pm or later, are handled on our next business day. If using a local pharmacy, make certain to contact their facility directly, to inquire/confirm your prescription has been filled and is ready to be picked up.

Mail order pharmacies take ~48 hours for process and delivery. These pharmacies typically charge additional fees for expedited processing and delivery requests with less than 48 hours notice.

Appointments: The New Hope Center is committed to providing quality care to our patients. In order to do so we have implemented an appointment/cancellation policy. The policy enables us to better utilize available appointments for our patients in need of medical care. Please arrive 30 minutes prior to your

appointment time for your new patient appointment and any consultation visit. Please arrive 15 minutes prior to any other appointment type.

Your initial consultation represents a significant amount of clinic time, which is reserved for you to see the physician, Financial Counselor, and our Clinical, IVF, or Third Party Reproductive Care Coordinator. At the completion of your New Patient/Initial visit, the physician may recommend an ultrasound, labwork or other testing depending upon where you are in your cycle. Patients electing to proceed with a PAS-US (Pelvic Anatomy Ultrasound), or other testing (HSG, bloodwork, etc.) at the initial visit will incur additional fees depending on insurance coverage. Any laboratory-blood tests performed on this day will be billed to you direct by LabCorp or Sentara reference lab.

Cancellation Policy: In order to be respectful of the medical needs of our patients please be courteous and call The New Hope Center promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of treatment. This is how we can best serve the needs of our patients.

If it is necessary to cancel your scheduled appointment we require that you call three (3) working days in advance for New Patient visits and Consultations. We require that you call one (1) working day in advance for any other type of appointment. Appointments are in high demand, and your early cancellation will give another person the ability to have access to timely medical care. Failure to provide the required notice will result in a \$25 cancellation fee.

No Show Policy: A “no show” is someone who misses an appointment without canceling it within the time frame specified in our cancellation policy. No-shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in your medical chart as a “no show”. An administrative fee of \$25.00 will be billed to your account. The clinic may suspend further appointment bookings until the fee is reconciled.

****Please note that No-Show charges are patient responsibility and will not be billed to your insurance company.**

Insurance: The New Hope Center accepts most insurance plans. If you have specific questions regarding your insurance, please contact our office and ask to speak with one of our financial counselors. It is the patient’s responsibility to inform our office of any changes in insurance coverage. Failure to do so could cause delay or denial of insurance payment. Patients are responsible for co-pays at time of service. If applicable, you will be billed for services not covered by your insurance (as stated in your insurance contract) by our billing department.

Our staff will contact your insurance carrier and verify your benefits. A “verification of benefits” is NOT a guarantee of payment by your insurance carrier. Your insurance company may require a referral, pre-certification/pre-authorization, or certain medical criteria be met before coverage and payment is made for intended services.

Insurance claims will be filed when: The New Hope Center participates with the patient's insurance carrier, and the services are covered under the patient's policy/plan, and the services are pre-approved/authorized by the patient's carrier, and we have received accurate demographic and insurance information. We will file with as many as two insurance companies on behalf of the patient. If your insurance company has not responded within 60 days of submitting the claim, or responds with a denial for payment, you will be responsible for payment of your balance and for follow-up with your insurance carrier for reimbursement.

While many of the services provided by The New Hope Center may be covered under your individual insurance plan, there are several, that may not. Individual insurance policies differ for each patient, employer, plan, and carrier, but most policies and carriers, do not cover In-Vitro Fertilization (IVF), artificial insemination (IUI), or other Assisted Reproductive Technology (ART) services. In addition, the office visits, laboratory services, and/or ultrasounds performed in relation to these procedures, may not be covered as well. Payment for the charges of any/all procedures or services that are non-covered under the patient's insurance plan, are the patient's responsibility, for which payment is due in full at the time of service. If you have specific questions regarding your plan benefits, please refer to your "member handbook", or contact a representative in your H.R. Department. If your insurance requires a co-payment, cost share, or deductible, you will be required to pay this at the time of your visit. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

Payments: The New Hope Center accepts cash, personal checks, MasterCard and Visa. Checks can be made out to The New Hope Center.

Cash Patients, or those whose insurance does not provide coverage for their services, are required to pay the fees associated with their care at the time services are rendered.

If your insurance requires a co-payment, cost share, or deductible, you will be required to pay this at the time of your visit.

Account balances are due upon receipt of your billing statement. Your statement shall be deemed received five (5) days after it is mailed to the address provided. If payment is not made within 30 days after the statement is received, your account will be considered past due. If payment for services rendered is not made when due, you agree to pay interest charges of not less than \$0.50 and not more than 1.5% per month of your balance for any services unpaid after 30 days. You further agree to be financially responsible for all collection costs incurred in the reconciliation of your debt, including but not limited to 33 1/3% for attorney's fees, collection agency fees and all court costs. You understand that any balance left unpaid after 90 days is subject to transfer to our collection agency/collection attorney.

Forms/Letters: We understand that at times, various forms or letters may be required to assist you with your healthcare needs. The staff at The New Hope Center will be happy to complete forms and write medical letters as necessary upon your request for a fee of \$50.00 per letter or form. Please allow 7-10 days for completion of requested forms/letters.

Medical Records: Per HIPAA guidelines, copies of medical records must be requested in writing. To ensure your privacy, a form for release of medical information must be completed prior to receipt of these materials. All patients can request a copy of their medical records one time, free of charge. Additional copies may be requested at a cost of \$0.50 per page. The law allows Medical Offices 30 days to complete requests for records. However, our medical records department puts forth every effort to respond to these requests in a timely manner.

Assignment of Benefits/Obligation of Payment:

I acknowledge that I have read, understand, and agree with the terms of The New Hope Centers office policies. I hereby assign, transfer, and set over to The New Hope Center for Reproductive Medicine-A Division of MAWC, PLC, all of my rights, title, and interest to my medical reimbursements under my insurance policy. I authorize the release of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Patient Name

Patient Signature

Date