



Welcome to the Fertility Wellness Institute of Ohio, the office of Dr. NeeOo Chin. Please take the time to read through this letter before filling out your New Patient Packet as it will be a page-by-page guide to help navigate you through these necessary documents.

We understand your time is precious! We have put together a checklist to make filling out your New Patient Packet as painless as possible. Please take the time to review each document to ensure they are completed and signed if necessary. Please remember that you will need to bring the original packet with you the day of your consultation.

- Page 1: "Introduction"- This page is outlined to help you prepare for your consultation with Dr. Chin. It explains how to obtain previous records from other facilities, referrals from your PCP if necessary, the hold fees, and other important information that you will need to know prior to your first appointment.
- Page 2: "Authorization for Release of Medical Information"- This document can be used to send to your previous physicians to obtain your records from that facility. Please remember that we only need information pertaining to infertility such as diagnostic workup and medical and/or surgical treatment.
- Page 3: "Patient Registration" form - This form is for both the patient and husband/ partner. Please fill out completely. Please initial and sign the appropriate areas.
- Pages 4-6: "Female Patient History" - The next three pages are specifically for the female patient information. Please try to answer all of the questions to the best of your knowledge. If you have any questions, leave the line blank and move forward. You will be able to get clarity during your consultation.
- Pages 7-9: "Male Pt History" - The next three pages are specifically for the male patient information. Please try to answer all of the questions to the best of your knowledge. If you have any questions, leave that line blank and move forward. You will be able to get clarity during your consultation. *(If there isn't a male partner, you can disregard this portion of the packet.)*
- Page 10: "Natera One Carrier Testing Informed Consent/ Decline" form- Natera One is a multi-disease carrier testing panel. Many carriers live a happy and healthy life completely oblivious to the fact that they are a carrier of a genetic disease. With this genetic testing, you and your partner will be able to know the chances of having a child with a genetic disorder. Please visit <http://www.natera.com/genetic-carrier-testing> for more information on this testing. If you are unsure about this document, bring it with you and Dr. Chin will gladly discuss it in more detail.



- Page 11: "Payment, Insurance Network, and Referral Policies". This page contains important information about insurance benefits. Remember, it is *your* responsibility to know your benefits.
- Page 12: "Insurance Information Checklist" - We know that insurance companies can be difficult to manage, so this checklist was designed to help guide you when calling your insurance company to confirm your infertility benefits. Please utilize this checklist as it will help you get the best and most accurate information from your insurance provider.
- Page 13: "Acknowledgment: Receipt of Notice of Privacy Practices"/ HIPPA Laws. For a copy of our Privacy Practices, you can go to our website (www.ChinBaby.com/PrivacyPolicy.html). Please sign this document in front of a witness (your husband/partner can be your witness). If you need a witness signature, please leave the date open and a staff member will be your witness signature.

We hope that this checklist helps guide you through your new patient packet in the most-simple form. If you still need assistance, feel free to contact me either by phone or email and I will gladly help. Once completed, you should fax or scan/email this packet back to me **PRIOR** to your new patient appointment.

Thanks,

Melinda Rehkamp
New Patient Coordinator
Direct: (513) 326-4300 ext 570
E-Mail: Melinda@ChinBaby.com