Thank you for choosing The Fertility Wellness Institute, we appreciate your trust in us as your healthcare provider. In order to ensure that we are giving the best and most efficient patient care possible, we have teamed up with Fertility LifeLines, an educational resource that does thorough insurance verification and offers possible financial assistance programs. We have also included a disclosure form regarding Medicare and Medicaid. Dr. Chin is not on the list of providers for Medicaid or Medicare therefore, we are unable to provide these services at this time.

The attached Fertility LifeLines: Insurance Benefits Verification Form is the quickest and easiest process to understanding your fertility benefits. You may receive a phone call from a representative with Fertility LifeLines needing additional insurance information and/or offering additional educational materials and financial assistance options.

Please fill out the Fertility LifeLines: Insurance Benefits Verification Form. Make sure that you fill out all information, sign BOTH pages and also sign the Medicare/Medicaid Disclosure form. You can either fax or scan/email both pages back to our office at (513) 326-4306 or Melinda@ChinBaby.com WITHIN 48 HOURS to ensure we have your benefits back before the time of your appointment. We cannot verify your insurance benefits if your forms are not returned within 48 hours making you responsible for your payment in full at the time of service.

If you have any questions regarding Fertility LifeLines or other general insurance information, please contact Brittainy at extension 567.

If you have any questions regarding your new pt appointment, please contact Melinda at extension 570.

Thank you for your time, patience, and prompt response. We look forward to meeting you soon at your New Patient appointment.

Warmest Personal Regards,

Kim A. Chin

Kimberly Chin
Practice Manager

6396 Thornberry Court • Suite 710 • Mason, OH 45040-7815 • Phone: 513.326.4300 • Fax: 513.326.4306
www.chinbaby.com

Insurance Benefits Verification Form

This form enables EMD Serono Fertility Lifelines™ to investigate your insurance coverage for fertility treatment. Please complete steps 1, 2, 3 and 4. Please fax the completed form toll-free to 1-866-882-2900. If you have any questions, please feel free to contact us toll-free at 1-866-LETS-TRY (1-866-538-7879).

STEP 1: Patient Information

(To be completed by patient)

Patient Name	Social Security No.	Date of Birth	Sex ☐ Male ☐ Female
Home Address	City/State/Zip		
Home Phone	Work Phone	E-mail	
Preferred Phone: ☐ Home ☐ Work May we leave a message of you are not available? At home ☐ Yes ☐ No At work ☐ Yes ☐ No			
Physician Name Dr NeeCo W. Chin	Physician Phone 513-326-4300	Physician Fax 513-326-4306	
Center Name The Fertility Wellness Institute ☒ Check here if you would like your results sent to your doctor.	Center Address 6396 Thornberry Ct Ste 710 Mason, OH 45040		

STEP 2: Patient Insurance Information

(To be completed by patient)

Please complete below and attach a copy of the front and back of your insurance card(s)

PRIMARY INSURANCE			**SECONDARY INSURANCE**		
Cardholder		ID No.	Cardholder		ID No.
Group No.		Phone	Group No.		Phone
Do you have a pharmacy benefit card? ☐ Yes ☐ No			Do you have a pharmacy benefit card? ☐ Yes ☐ No		
Name of Pharmacy Benefit Manager			Name of Pharmacy Benefit Manager		
ID No.	Group No.	Phone	ID No.	Group No.	Phone

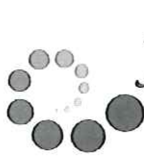
STEP 3: Patient Consent

(To be completed by patient)

I understand that EMD Serono Fertility Lifelines™ will use reasonable care in its investigation of my insurance coverage and will endeavor to accurately report to me information it receives from third parties regarding my insurance coverage. However, I understand that EMD Serono Fertility Lifelines™ can not guarantee the accuracy of information it receives from third parties and that the results of EMD Serono Fertility Lifelines™ investigation may differ from my insurance company's ultimate determination of coverage. I understand that the services provided by EMD Serono that are described in this authorization can be changed at any time, without prior notification.

Please review and complete patient authorization on reverse side.

PATIENT'S SIGNATURE	**DATE**
X	



fertility LifeLines™ 1-866-LETS-TRY (1-866-538-7879)
Fax: 1-866-882-2900

STEP 4: Patient Authorization (To be completed by patient)

Authorization to Use and Disclose Health and Other Personal Information

I authorize my physician and their staff to disclose my health and other personal information, including, but not limited to, the information on my completed Insurance Benefits Verification Form to EMD Serono, Inc. and its agents and representatives (collectively "EMD Serono") so that EMD Serono may use and further disclose my information to healthcare providers, pharmacies, insurance companies, prescription drug plans and other third-party payers (collectively, "Third Parties") in order to assist me in evaluating my insurance coverage for infertility treatments, including medication coverage.

I further authorize the Third Parties to disclose health and other personal information about me in their possession to EMD Serono in order to assist EMD Serono in accomplishing the purposes described above.

I understand that once my information is disclosed pursuant to this authorization, it may no longer be protected by federal privacy laws (the Health Insurance Portability and Accountability Act). However, I understand that EMD Serono will not release my information to any party, except as provided in this authorization or as permitted by applicable law, without first obtaining my (or my authorized representative's) separate written consent.

I understand that I may refuse to sign this authorization and such refusal will not affect my ability to receive EMD Serono Fertility Products, but it will limit EMD Serono's ability to investigate my coverage for fertility treatment.

I understand that this authorization will remain in effect for ten years from the date of my signature, unless I revoke it earlier by contacting EMD Serono in writing at One Technology Place, Rockland, MA 02370.

If I revoke this authorization, EMD Serono will stop using and disclosing my information as soon as possible, but the revocation will not affect prior use or disclosure of my information in reliance on this authorization.

I also understand that I have the right to receive a copy of this authorization.

____
Patient Name (please print)

____
Patient Signature

____
Date

DISCLOSURE REGARDING MEDICARE AND MEDICAID

Please be advised that NeeOo W. Chin, MD is not a contracted, participating provider with the Medicare or Medicaid programs. This means that NeeOo W. Chin, MD and the Fertility Wellness Institute of Ohio are unable to extend medical services to any individual having primary health coverage through Medicare or Medicaid. We apologize in advance for any inconvenience in your health care treatment decisions.

Please review the following statement, initial and sign in acknowledgement.

Patient / Partner

______ _______ (*initial*) **I acknowledge that NeeOo W. Chin, MD is not a participating physician provider for Medicare or Medicaid. If any service provided to me by Dr. Chin would be deemed eligible for coverage under Medicare or Medicaid if provided by a participating provider. I hereby affirm that I will not attempt to submit any claim to Medicare of Medicaid for any service provided by Dr. Chin.**

____

Female Patient Name (please print)

_______________________________________ ________________

Signature Date

____

Husband/ Partner Name (please print)

_______________________________________ ________________

Signature Date

6396 Thornberry Court • Suite 710 • Mason, OH 45040-7815 • Phone: 513.326.4300 • Fax: 513.326.4306
www.chinbaby.com