



Reproductive Medicine Associates of New Jersey

## Insurance / Demographic Form

### INSURANCE/ FINANCE

RMA of NJ currently participates with 6 major insurance companies: Blue Cross/Blue Shield, Aetna/US Healthcare, United Healthcare, Oxford, Cigna and Amerihealth. Due to the many different insurance plans and regulations, please note that it is your responsibility to contact your company as to the need for referrals, authorization numbers, co-payments, etc. This, however, is not a guarantee of coverage; call your insurance company for the specific benefits of your plan. If you do not have the required information at the time of your visit or we do not directly participate with your insurance carrier, you will be responsible for the full consultation fee. This fee includes the visit, ultrasound and physical. ***Any additional blood work or cultures done on your initial visit will be billed separately.***

**Below is a quick reference guide to assist you.**

**HORIZON BCBS of NJ:** If you have a traditional or PPO plan, HMO Blue Access, Direct Access or NJ Direct, you do not need to obtain a referral. If you have a HMO Blue, BCBS POS or NJ Plus plan you will need a referral from your primary care physician. Once your doctor issues the initial referral/auth, RMANJ will get future authorizations. If your male partner is covered under the same plan he will need to obtain his initial referral /authorization from his Primary Care Physician (PCP) and RMANJ will get future authorizations.

**AETNA/USHC:** If you have a managed care plan (i.e. HMO, POS, Choice POS Select, Elect or Managed Choice) you will most likely need an authorization from the infertility hotline at AUSHC. **Please note, many plans that do not need referrals or authorizations for other specialists still need hotline authorizations for infertility services.** The hotline can be reached at **800-575-5999**. Infertility line authorizations are necessary to ensure coverage by your insurance. If you have a PPO or indemnity plan you do not need to register with the hotline, however we do suggest you contact customer service to see if there is anything else required by your plan. If you are not sure what your plan requires, please call the hotline. The infertility hotline does **not** authorize services for male partners. If your partner is covered under the same plan, he will need a Primary Care Physician (PCP) referral with codes for each specific test. Please contact finance for coding.

**UNITED HEALTHCARE:** United Healthcare plans don't usually require referrals or authorizations for our services; however we strongly suggest you call your insurance as there are exceptions.

**OXFORD HEALTH PLANS:** Most plans do require a referral from the PCP or OB/GYN to us you should request a referral with 30 visits and for a 180 day (six months) time frame. Referrals must be submitted electronically to Oxford for all Oxford Members except those Members who have "No Referral" printed on the members Oxford ID card. Male Partners will also need to bring a referral from their PCP for any testing he may need to have at our office.

**AMERIHEALTH:** Some plans do require a referral from the PCP to see a specialist. Referrals are valid for 90 days and must be submitted electronically to Amerihealth for all members except those who have "No Referral" printed on their Amerihealth ID card. Male partners will also need to bring a referral from their PCP for any testing they may need to have at our office.

**CIGNA:** While Cigna no longer uses actual referral forms, some plans (HMO and POS) do require patients be officially referred to specialists. If your plan does require referrals, you must obtain a script from your PCP referring you to an RMA physician. Male partners will also need to bring a script from their PCP for any testing they may need to have at our office.

Certain tests and or procedures will only be covered if your plan provides infertility benefits you should therefore contact Member service for specific benefit information regarding your policy.

If you have any questions or if your primary care physician needs information to generate a referral, our finance department is available Monday thru Friday, 8:30 AM to 4:30 PM and can be reached at 973-971-0612.

If you do not have insurance coverage, RMA of NJ offers several options that you may be able to take advantage of, including our IVF Refund Guarantee, Family Building Program and/or treatment and medication financing at affordable monthly rates. For your convenience, we also accept Visa, MasterCard and American Express.



Reproductive Medicine Associates of New Jersey

Patient's Name: \_\_\_\_\_ Doctor at RMA: \_\_\_\_\_

Home Address: \_\_\_\_\_ Date of First Visit \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_ ext: \_\_\_\_\_ Other Tel: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_ Email address: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Partner's Birth Date: \_\_\_\_\_

Address (If different than yours): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Tel #: \_\_\_\_\_

OB/GYN: \_\_\_\_\_ Tel #: \_\_\_\_\_

Did your OB/GYN refer you to our office  YES  NO

If NO, who referred you to RMA of N.J. \_\_\_\_\_

PATIENT'S INSURANCE CARRIER

SPOUSE/PARTNER INSURANCE CARRIER:

Insurance Co: \_\_\_\_\_ Insurance Co: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Tel #: \_\_\_\_\_ Tel #: \_\_\_\_\_

ID #: \_\_\_\_\_ ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ Group #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Participating Lab \_\_\_\_\_ Participating Lab \_\_\_\_\_

(LabCorp, Quest, etc.)

Are you covered under your spouse/partner's insurance plan?  YES  NO

Please note that male partners must also abide by the rules set forth by their insurance. If their plans require referrals or authorizations, they must be obtained prior to services being rendered. Male partners are not covered under referrals or authorizations issued for females.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizations:** I authorize RMA of NJ physicians to release any information in the course of my examination or treatment to my insurance company. I further authorize any benefits due for services rendered to be paid directly to RMA of NJ. I understand that I am responsible for any charges not covered by my insurance and for any balance due after insurance payments. If RMA does not participate with my insurance company I also understand that payment MUST BE MADE AT THE TIME services are rendered. **Please have a valid driver's license and insurance card ready for photocopy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_