

Dear Michigan Medicine Patient,

Welcome to the University of Michigan Center for Reproductive Medicine. We are dedicated to providing the highest quality care to our patients and look forward to assisting you in making decisions that are right for your circumstances. On behalf of the entire team, we thank you for choosing us for your reproductive health care needs. If you are unable to keep any of your appointments, please contact us as soon as possible at 734-763-6295 option 1 to either cancel or reschedule.

Our goal is to make your first visit as informative and pleasant as possible. In preparation for this, please review and complete the attached questionnaire(s) and have them completed **prior to your appointment**. The first section of the questionnaire is for you to complete. If you have a male spouse or partner, their assistance will be needed to fill out a section that requires their information in the system. If not, then please disregard that section. In addition, **you will be required to provide a valid form of identification at your first visit otherwise we reserve the right to cancel your appointment**. The length of time for your initial visit depends on your individual circumstances and the recommendations made at that time. Some plans require nurse education, or meeting with our financial counselor and/or our social worker this information can be found by calling 734-763-6295 option 1 or by visiting our website at:

<https://medicine.umich.edu/dept/center-reproductive-medicine>

We do not provide childcare services and strongly discourage bringing child(ren) to your appointment. If you must bring child(ren) to your appointment, they must always be accompanied with an adult in the waiting area as they are not permitted in the clinic area. If you do not have an adult to attend to your child(ren) in the waiting area, please do not bring them.

If you were referred to the Center for Reproductive Medicine by a facility outside of the University of Michigan Health System, please provide us with those records as soon as possible. A medical release form is enclosed for your use. Your health care providers may fax your records to us at 734-936-5700, or mail them to the following address:

UMHS Center for Reproductive Medicine
475 Market Place, Bldg 1, Suite B
Ann Arbor, MI 48108

If you would like your spouse, partner, family and/or friends to be involved in verbal discussions regarding your care including diagnoses, test results and treatment options, please complete the Family and Friends List, please request a form when you are in-clinic or through the patient portal.

We feel it is important to take a comprehensive approach to your evaluation and treatment. Attending and resident physicians, fellows, medical students, nurses, our social worker, and other staff may be involved in your care. We will do our best to introduce the individual members of our team as you meet them and to explain our roles in your care.

Thank you again for choosing the Center for Reproductive Medicine. We look forward to meeting you!
Sincerely,

The Center for Reproductive Medicine Team

Dear Michigan Medicine Patient,

The purpose of this page is to help inform you of what you can expect from Outpatient Financial Clearance Unit after speaking with our clinic resources concerning your journey here at Center for Reproductive Medicine.

The Outpatient Financial Clearance Unit (OFC) will review pre-collections pertaining to Oocyte (egg) Retrieval and Frozen Transfer (FBT) procedures within approximately 48 hours of the date of service. The Outpatient Financial Clearance Unit will review your insurance (if applicable) and work with you to explain your estimated out-of-pocket cost, discuss payment arrangements, processing of prepayment, and any applicable discounts. Please keep in mind that estimated costs may vary, however, they can give you an assessment of what your charges could be.

Outpatient Financial Clearance Unit can be reached at (877) 480-8757 or (734) 232-2627; Monday-Friday from 8:00am to 4:00pm.

We would like to encourage you to review with your insurance company if you have Infertility/IVF treatment and/or coverage and to verify if the codes listed below are covered under your insurance policy if applicable to your plan.

OOCYTE (EGG) RETRIEVAL & Transfer	Cpt / Billing Code(s)
Oocyte/semen processing	89250, 89254, 89261, 89268
Oocyte retrieval	58970
Ultrasound guidance	76948, 76998
Embryo Preparation	89255
Embryo Transfer	58974
ICSI	89280 or 89281
PGT-A/PGT-M	89290 or 89291
PGT-SR	81228 or 88299

Insurance terms for your reference:

- **Deductible:** Amount of covered expenses that the member must pay before the health plan/insurer will make payment.
- **Coinsurance:** A percentage of eligible medical expenses that the member must pay until the maximum out-of-pocket is met.
- **Coinsurance Maximum Out-of-Pocket:** The total amount of coinsurance the patient will owe in that benefit year.
- **Maximum Out-of-Pocket:** Total amount of covered expenses that member must pay before services are covered in full.
- **Co-payment:** A fixed fee for covered services that the member must pay.

Sincerely,

The Center for Reproductive Medicine Team