

Patient Information *Insurance and Authorizations*

All professional services rendered are charged to the patient.
The patient is responsible for all fees regardless of insurance coverage.



**Advanced Reproductive
Center of Hawai'i**

Insurance Information

1	_____	_____	_____	_____	_____	_____
	TYPE OF INSURANCE	MEMBERSHIP / POLICY #	GROUP #	COVERAGE CODE	EFFECTIVE DATE	PLAN SUBSCRIBER
2	_____	_____	_____	_____	_____	_____
	TYPE OF INSURANCE	MEMBERSHIP / POLICY #	GROUP #	COVERAGE CODE	EFFECTIVE DATE	PLAN SUBSCRIBER
	Is this insurance plan through your employer?		Yes	No		

Insurance authorization and assignment *Please read and sign*

I hereby authorize Advanced Reproductive Center of Hawai'i to furnish information to insurance carriers concerning my illness and treatments, and I hereby assign to the physician/s all payments for medical services rendered to my dependents or myself. I understand that I am responsible for any amount not covered by my insurance.

SIGNATURE

DATE

REFERRED BY

Appointment notice *Please read and sign*

Office appointments are limited and therefore in consideration to other patients, if you are unable to keep your appointment please notify our office as soon as possible. A \$25.00 late cancellation fee will be billed if you do not provide us with 24-hour notice for your cancellation or if you fail to show up for your appointment.

There will also be a \$25.00 service charge on all checks returned from your bank due to insufficient funds.

SIGNATURE

DATE

Contact authorization *Please read and sign*

Unless I request confidential communications, or that communication be made by alternative means (such as sending correspondence to my work address instead of my home), I hereby authorize the Advanced Reproductive Center of Hawai'i to leave detailed messages on the phone number(s) that I provided to them and to mail correspondence to the address that I provided to them. I understand that it is my responsibility to request confidential communications from the Advanced Reproductive Center of Hawai'i and that this request must be made in writing.

SIGNATURE

DATE