THE UROLOGY GROUP

www.urologygroupvirginia.com

Walter O'Brien, Kevin O'Connor, Nicholas Lailas,
Gregory Schenk, Jennifer Young, Chuck Pruna, Christopher Starks
Julie Spencer, Kristin Tamburro, Kathleen Cage

1860 Town Center Drive • Suite 150 & 160 • Reston, VA 20190 • 703-480-0220
19415 Deerfield Avenue • Suite 112 • Leesburg, VA 20176 • 703-724-1195
224-D Cornwall Street, NW • Suite 400 • Leesburg, VA 20176 • 703-443-6733

Infertility Coverage Waiver

Date: _____

Patient's Name: _____

Account Number: _____

I understand that my coverage for infertility benefits by my insurance company_____
cannot be confirmed at this time in absence of written confirmation for infertility benefits. I understand that it is my responsibility to fax, mail or drop off a copy of the written confirmation from my insurance company concerning benefits for infertility to The Urology Group within 5 days of the date services are incurred. I also understand that failing to provide this written confirmation will mean that all charges will be billed to me directly at full cost and I will be responsible for payment of all charges incurred. Once I have provided the written confirmation of infertility benefits, I also understand that if it is determined by insurance that I am not eligible for coverage or that billed services are considered non-covered by my insurance plan, I will be responsible for payment of all charges.

Date of Service:_____

Patient's Signature: _____

Date: _____

Witness: _____