

Dear Prospective Patient:

We appreciate your interest in our infertility services. Please find enclosed the following forms: Infertility History Form, Patient Information Form and a Medical Records Release Form.

Please complete the Infertility History Form and the Patient Information Form and bring them with you to your consultation appointment. This will expedite the check-in process on the day of your appointment.

Also, we encourage you to use the Medical Release Form in requesting a copy of your medical records from all physicians from whom you have received infertility, gynecological, or obstetrical treatment. Please include male evaluation and treatment records as well.

As a patient of Assisted Fertility Program of North Florida, we will be glad to file your insurance claims if the carrier is one with whom we have a contract. We recommend that you begin your research into fertility coverage now to ensure there will be no misunderstanding of coverage once treatment begins. If you have no insurance/fertility coverage, we will be happy to provide you with several lending institutions who offer financing programs.

If you have any questions before your appointment, please do not hesitate to call. We do ask that you provide us with at least 48 hours notice if you are unable to keep your scheduled appointment.

There will be a \$100.00 “No-Show” fee if your appointment is not cancelled at least 24 hours before your scheduled time.

Sincerely,
Assisted Fertility Program