



Main: (208) 639-4900  
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**Advanced Beneficiary Notice for Infertility Diagnosis**

I have been advised that many insurance companies do not pay for the diagnosis or treatment of infertility. In some cases, insurance may pay for the determination of the *diagnosis* of infertility, but not the *treatment*. It is my responsibility to be aware of my insurance benefits. If my insurance is known *not* to cover the services I receive at IUI, payment in full is expected at the time of service. In the event that my insurance is expected to pay, but does not cover the services I receive from Idaho Urologic Institute, I agree to pay the amount due in full within 30 days. I understand that I will not be provided additional services for the diagnosis of infertility if I have an outstanding balance with IUI.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*Please return signed document to IUI at time of appointment.**