



Office Policies

(Effective April 2010)

Cancellation & No Show Policy

In respect of Dr. Lane's time, if you have not notified us of an appointment change or cancellation two business days prior to your appointment, a \$100 fee will be assessed to your account. A \$300 fee will be assessed to all patients who miss their appointments without notification.

Please note - in order to honor all of our patient's valuable time, if you are more than 10 minutes late for your appointment, it may need to be rescheduled.

Telephone Consultations

Telephone consultations are measured in increments of 15 minutes, as per insurance guidelines. For our patients who are not currently in cycle, if you have a telephone consultation with Dr. Lane, you will be charged at the rate of \$75 per 15 minute increment at the completion of the telephone consultation. This rate is synonymous with the rate charged for in-office consultations. For in-cycle patients, telephone consultations, within reason, are part of our service.

IVF Cycles

IVF cycles cancelled due to poor response will have a maximum of \$3,000 applied to their next cycle completed within 3 months of the cancellation date. All fees are otherwise non-refundable and are payable at the time of cycle start.

Lab Review Protocol

In order to improve the comprehensive care provided to all of our patients, please allow a 5 day turn-around time on all blood tests. Once your results are in, Dr. Lane will review them along with your chart and delineate any changes needed to your plan of care. This will then be discussed with you at a follow-up appointment with Dr. Lane.

Assignment of Benefit and Release of Information

I authorize payment of medical benefits to myself or the names provided for professional services rendered. I authorize the release of any medical information necessary to process a claim.

Fee Schedule

I understand the fee schedule, including the cash discount/credit card policy, and that I am financially responsible for all fees for services, including the balance after payment of possible insurance benefits or legal settlements.

Medical Board of California

I understand that Dr. Lane is licensed and regulated by the Medical Board of California, and I have read the legal notice below.

Medical Doctors are licensed and regulated by the Medical Board of California.

(800) 633 2322

www.mbc.co.gov

I understand, and agree to the all the above terms.

Signature _____

Date _____