



Dear Patient,

We are so excited that you have decided to continue your fertility journey with us here at Austin Area OB/GYN. We know that attempting to conceive can be a time full of anticipation and excitement but can also become a period of disappointment and confusion when things do not happen as planned. We are here to help! Going through the fertility journey can be mentally, physically, emotionally and financially challenging at times. This welcome packet has been put together to help make the process a little less stressful for you. Below you will find some pertinent information you need to know prior to getting started. Please let your provider or our billing office know if you have any questions at any time.

First: It is essential that you contact your insurance provider and determine whether or not you have any infertility coverage or need to register for an infertility program with your insurance carrier before you receive any fertility care.

- If you do have coverage or require prior authorizations for each cycle, then it is YOUR responsibility to contact our office at the beginning of EACH new cycle (beginning of your period) to allow us to initiate the insurance authorization for the coming cycle. If you fail to contact us then we will be unable to process your claim with your insurance company and you will be responsible for the out of pocket cost of the service at the time of service.
- If you do not have any infertility coverage then you will be considered self-pay, and you are required to pay for the services rendered at the time of service.

In this packet, we have included a work sheet that will help you determine your insurance coverage or potential cost of care for certain lab work, office visits, ultrasounds, diagnostic procedures and fertility enhancement procedures. This worksheet will really help you be able to plan for the financial component of fertility care. Please note that Austin Area OB/GYN does require a deposit for fertility treatment before the start of each cycle. If you have any questions about costs, you are more than welcome to contact our billing office at **512-652-7002**.

Second: We know that fertility care can be very overwhelming at times. After all, there is a lot that goes into it month to month; therefore, we have included a glossary of terms that you may come in contact with throughout your journey. Remember, always feel free to ask questions if needed. That's what we are here for!

Third: Fertility work can place a lot of stress on your relationship as a couple. It is unbelievably important to nourish your own relationship through this journey. Remember why you are here in the first place- you all want to start a family together. If you ever find yourself struggling as a couple, please let us know as we have many different support measures in place to help you work through the roller-coaster ride that we sometimes find ourselves on during fertility care.

Again, we are here for you throughout this journey and are honored to be a part of it. Our goal is to provide you with the highest level of care in the hopes of growing your family. Please let us know if you have any questions.

We wish you the best on your journey!

~Austin Area OB/GYN Team

Regarding Pricing and Insurance Coverage:

We recommend you call your insurance company prior to starting fertility cycles/visits/treatments to know your covered and uncovered benefits. You will need to call each time your insurance renews or changes etc.

Please complete the following information by calling your insurance company prior to calling our benefits office.

Insurance Company Name: _____ Contact #: _____

Date & Time you call Ins. Co: _____ Person spoke with: _____

Reference # or Confirmation #: _____

Ultrasounds 76856 & 76857 Notes: _____

HCG Injection J0725 & 96372 Notes: _____

IUI (intrauterine insemination) 58322 Notes: _____

Semen Analysis 89261 Notes: _____

Hysterosonogram: Notes: Call Austin Radiologic Association for codes 512-519-3443

Hystersalpinogram: Notes: Call Austin Radiologic Association for codes 512-519-3443

Medications for fertility: Notes: _____

Once you have spoken with your insurance company and know you covered and uncovered benefits for fertility, you may call our business office and speak with a benefit specialist for current pricing and explanations:

Date you called: _____ Person you spoke with: _____

Ultrasounds (complete vs follicle) Notes: _____

HCG Injection (medical vs pharmacy) Notes: _____

IUI (intrauterine insemination) Notes: _____

Hysterosonogram: Notes: _____

Weekend Charge/Visit Charge: Notes: **\$75 in addition to regular fees** _____

Semen Analysis Notes: Call Clinical Pathology Laboratories for pricing: 1-800-633-4757

CPL Donor Storage Notes: Call Clinical Pathology Laboratories for pricing: 1-800-633-4757

Hystersalpinogram: Notes: Call Austin Radiologic Association 512-519-3443

Medications for fertility: Notes: Vary from pharmacy to pharmacy based on your insurance plan/coverage

As a courtesy to our patients, we submit claims directly to the insurance companies on behalf of the patient. We can never guarantee insurance coverage and it is the patient's responsibility to understand and know their insurance plan and coverage. We understand this can be very confusing and overwhelming which is why our benefits office is always willing to be of assistance in this process.

Just as every patient's medical history and situations are different, so are physicians and the treatment options. The treatment options will vary for each patient each cycle and treatment plans will be discussed with you by your provider and medical staff at each office visit.

Fertility Glossary

Adenomyosis A condition in which the endometrial glands grow into the uterine wall, creating a sponge-like effect; can be associated with poor uterine linings. This condition is sometimes associated with heavy, painful periods and uterine enlargement.

Antral Follicle Count (AFC) Ultrasound count of the number of small early follicles in a woman's ovaries early in her cycle. Used to measure ovarian reserve.

Anti-Mullerian Hormone (AMH) A hormone measured early in a woman's cycle to determine her ovarian reserve.

Assisted Reproductive Technology (ART) Procedures involving retrieval of eggs and the enhancement of eggs and sperm outside the body. It includes procedures such as gamete intrafallopian transfer (GIFT), in vitro fertilization (IVF), and zygote intrafallopian transfer/tubal embryo transfer (ZIFT/TET).

Cervical Canal The connection between the outer cervical opening and the uterine cavity.

Cervical Mucus Mucus produced by glands in the cervical canal; it plays an important role in transporting sperm into the uterus and in initiating capacitation,

Cervix Lower most part of the uterus, which protrudes like a bottleneck into the upper vagina; the cervix opens into the uterus through the narrow cervical canal.

Chemical Pregnancy Biochemical evidence of a possible developing pregnancy based on a positive blood or urine pregnancy test; at this point, pregnancy is presumptive until confirmed by ultrasound (see also clinical pregnancy).

Chromosomes Structures in the nuclei of cells, such as the egg and sperm, on which the hereditary or genetic material is arrayed.

Clomiphene Citrate (CLOMID)- A synthetic hormone that is used alone or in combination with other fertility drugs to induce the ovulation of more than one egg. When marketed in the United States, Clomiphene citrate is also known as Clomid or Serophene.

Conception Creation of a zygote by the fertilization of an egg by a sperm.

Controlled Ovarian Hyperstimulation (COH) In response to the administration of fertility drugs, the maturation of several follicles simultaneously, which results in the production of an exaggerated hormonal response.

Corpus Luteum A term for a follicle after an egg has been extruded. After ovulation, the follicle collapses, turns yellow, and is transformed biochemically and hormonally. The corpus luteum produces progesterone and estrogen, and has a life span of about 10 to 14 days, after which it dies unless a pregnancy occurs. If the woman becomes pregnant, the life span of the corpus luteum is prolonged for many weeks. A synonym for the corpus luteum is the yellow body.

Cryopreservation The process of freezing (in liquid nitrogen) and storing eggs, sperm, and embryos for future use.

DES (diethylstilbestrol) A drug previously taken by women during pregnancy that may cause infertility and/or pathologic conditions in the reproductive tracts of both male and female offspring.

Diagnostic Hysteroscopy A procedure usually performed under local or general anesthesia in the office setting or in the operating room. A thin telescope like instrument is inserted via the vagina and cervix into the uterine cavity. Carbon dioxide gas or a liquid is injected to distend the cavity and allow direct visualization of its structure.

Ectopic Pregnancy A pregnancy that occurs when the embryo implants in a location other than the uterus; the most likely site for such implantation is the fallopian tube (in which case the term ectopic pregnancy is used synonymously with tubal pregnancy). If undetected, an ectopic pregnancy may rupture and cause life threatening internal bleeding. Ectopic pregnancies almost always require surgical intervention.

Egg The female gamete, which develops in the ovary; also known as an egg or oocyte. An egg is the largest cell in the human body.

Embryo The term for a fertilized egg from the time of initial cell division through the first six to eight weeks of gestation. Thereafter, the embryo begins to differentiate and take on a human organic form; at this point it is traditionally referred to as a fetus.

Endometriosis A condition in which the endometrium grows outside the uterus, causing scarring, pain, and heavy bleeding, and often damaging the fallopian tubes and ovaries in the process. Endometriosis is a common organic cause of infertility.

Endometrium The lining of the uterus, which grows during the menstrual cycle under the influence of estrogen and progesterone. The endometrium grows in anticipation of nurturing an implanting embryo in the event of a pregnancy; it sloughs off in the form of menstruation if implantation does not occur.

Estradiol (E2) A female hormone produced by ovarian follicles. The concentration of estrogen in the woman's blood is often measured to determine the degree of her response to controlled ovarian hyperstimulation with fertility drugs. In general, the higher the estradiol response, the more follicles are likely to be developing and, accordingly, the more eggs are likely to be retrieved.

Estrogen A primary female sex hormone, produced by the ovaries, placenta, and adrenal glands.

Fallopian Tubes Narrow, 4 inch long structures that lead from either side of the uterus to the ovaries.

Fertility Drugs Natural or synthetic hormones that are administered to a woman to stimulate her ovaries to produce as many mature eggs as possible, or to a man to enhance sperm function or production.

Fertility Preservation (FP) Preserving a woman's fertility by banking her eggs or embryos for later use.

Fertilization The fusion of the sperm and egg.

Fetus Once the embryo differentiates and begins to take on identifiable humanlike organic form, it is termed a fetus; the fetal stage of development usually begins around the eighth week of pregnancy.

Fibroid A benign tumor in the uterus, which may prevent the embryo from properly implanting into the endometrium or cause pain, bleeding, miscarriage, and symptomatic enlargement of the uterus.

Fibrous bands Scar tissue that may distort the interior of the uterus and prevent the embryo from implanting properly.

Fimbriae Fingerlike protrusions from the ends of the fallopian tubes that retrieve the egg or eggs at the time of ovulation.

Follicle Stimulating Hormone (FSH) A gonadotropin that is released by the pituitary gland to stimulate the ovaries or testicles. FSH, when marketed in the United States, is also known as Follistim, Gonal-F, or Lepori/Menopur for follicular phase insufficiency or defect. An abnormal pattern of estrogen production during the first half of the Menstrual Cycle, which could result in infertility or recurrent miscarriages.

Gamete The female egg and the male sperm.

Gonadotropins The gonad stimulating hormones LH and FSH, which are released by the pituitary gland to stimulate the testicles in the man and the ovaries in the woman.

Gonads The ovaries and testicles.

Hormone (sex hormone) Chemicals produced by the testicles, ovaries, and adrenal glands that play a major role in reproduction and sexual identity.

Human Chorionic Gonadotropin (HCG) A hormone, produced by the implanting embryo (and subsequently also by the placenta), whose presence in the woman's blood indicates a possible pregnancy; HCG may also be administered to women undergoing stimulation with HMG alone or in combination with other fertility drugs in order to trigger ovulation. Injections of HCG may also be administered to encourage the production of progesterone by the corpus luteum in the hope of promoting implantation following embryo transfer and thereby reducing the incidence of spontaneous miscarriage in a pregnancy resulting from IVF.

HCG Blood Pregnancy Test A test that detects and measures the amount of HCG (produced by an implanting embryo) in the woman's blood. Measured 9 to 11 days after embryo transfer, it can diagnose a possible pregnancy before the woman has missed a menstrual period.

Hysterosalpingogram (HSG) A procedure used to assess the interior of the fallopian tubes and uterus; it involves injecting a dye into the uterus via the vagina and cervix, and tracking the dye's pathway by a series of X-rays.

Hysteroscope A lighted, telescope like instrument that is passed through the cervix into the uterus, enabling the surgeon to examine the cervical canal and the inside of the uterus for defects or disease.

Hysteroscopy Examination of the cervical canal and inside of the uterus for defects, by means of the hysteroscope. Surgery designed to correct such defects can be performed through the hysteroscope during this procedure, thereby often making more invasive abdominal surgery unnecessary.

Implantation The process that occurs when the embryo burrows into the endometrium and eventually connects to the mother's circulatory system.

Infertility The inability to conceive after one full year of normal, regular heterosexual intercourse without the use of contraception.

Inhibin B A hormone measured in the woman's blood to measure her ovarian reserve.

Intrauterine Insemination (IUI) The injection of sperm, processed in the laboratory, into the uterus by means of a catheter directed through the cervix; enables sperm to reach and fertilize the egg more easily or to bypass hostile cervical mucus.

In Vitro Fertilization (IVF or IVF/ET) Literally "fertilization in glass," IVF comprises several basic steps: the woman is given fertility drugs that stimulate her ovaries to produce a number of mature eggs; at the proper time, the eggs are retrieved by suction through a needle that has been inserted into her ovaries; the eggs are fertilized in a glass Petri dish, or in a test tube, in the laboratory with her partner's or donor sperm, and subsequently the embryos are transferred into the body.

Laparoscopy A surgical procedure using the laparoscope. to enable the physician to assess tubal patency and visualize the abdominal cavity and perform surgical procedures if needed.

Luteal Phase Insufficiency or Defect The inadequate production of hormones during the second phase of the menstrual cycle, which may result in infertility or miscarriage.

Luteinizing Hormone (LH) A gonadotropin released by the pituitary gland to stimulate the ovaries and testicles.

Menstrual Cycle The time that elapses between menstrual periods. The average cycle is 28 days, with ovulation usually occurring at the midpoint (around the 14th day).

Motility (sperm motility) The ability of sperm to move and progress forward through the reproductive tract and fertilize the egg; sperm motility can be assessed microscopically.

Ovaries Two white, almond sized structures, the female counterpart of the testicles that are attached to each side of the pelvis adjacent to the ends of the fallopian tubes; the ovaries both release eggs and discharge sex hormones into the bloodstream.

Ovulation The process by which an ovary releases one or more eggs.

Peritoneal Cavity The abdominal cavity that contains pelvic organs, bowel, stomach, liver, kidneys, adrenal glands, spleen, and so on, and is lined by a membrane called the peritoneum.

Pituitary Gland A small, grape-like structure hanging from the base of the brain that, together with the hypothalamus, produces and regulates the release of many hormones in the body.

Placenta The uterine factory that nourishes the fetus throughout pregnancy and is connected to the baby's navel via the umbilical cord.

Polycystic Ovarian Syndrome (PCOS) Condition in which the ovaries develop multiple small cysts; it is often associated with abnormal or absent ovulation and, accordingly, with infertility.

Polyyps (uterine) Outgrowths that protrude into the uterus and may cause pain and bleeding or prevent an embryo from implanting.

Postcoital Test (PCT) Assessment of the cervical mucus after intercourse to evaluate the quality of the mucus and mucus sperm interaction; also known as the Huhner Test.

Progesterone A primary female sex hormone produced by the corpus luteum that induces secretory changes in the glands of the endometrium. Progesterone may also be given by injection or in the form of vaginal suppositories to enhance implantation and reduce the risk of miscarriage.

Progesterone Hormone Blood Test Measuring of the concentration of progesterone in the woman's blood during the second half of the menstrual cycle about one week prior to anticipated menstruation; indicates whether or not she is likely to have ovulated because progesterone is usually produced only by the corpus luteum, which develops after ovulation.

Prolactin A hormone produced by the brain that may influence the activity of FSH on the ovaries.

Salpingostomy A form of tubal surgery in which the end of the fallopian tube(s) is opened at the time of laparoscopy or laparotomy, using small surgical stitches or a laser.

Selective Reduction of Pregnancy Prior to completion of the third month of pregnancy, reduction of the number of fetuses in a large multiple pregnancy by injecting a chemical substance under ultrasound guidance; the fetus or fetuses succumb almost immediately and are absorbed by the body. It may be considered a lifesaving measure for the remaining fetuses in high multiple pregnancies such as quadruplets, quintuplets, or greater, and may reduce the risk of high multiple pregnancies.

Sonohysterogram (Fluid Ultrasound Examination) A procedure whereby a liquid is injected via the cervix into the uterus, allowing ultrasound evaluation of the uterine cavity and fallopian tubes.

Sperm Count A basic fertility assessment test of sperm function, primarily involving counting the number of sperm, assessing their motility and progression, and evaluating their overall structure and form.

Stimulation Induction of the development of a number of follicles in response to the administration of fertility drugs.

Testosterone The predominant male sex hormone, which influences the production and maturation of sperm.

Thyroid Stimulating Hormone (TSH) A hormone produced by the pituitary gland that stimulates the release of thyroid hormone by the thyroid gland.

Treatment Cycle The menstrual cycle during which a particular fertility treatment such as ovarian stimulation medications, ovulation induction medications, IUI, IVF, etc. was performed.

Ultrasound A painless diagnostic procedure that transforms high frequency sound waves as they travel through body tissue and fluid into images on a TV like screen; it enables the physician to clearly identify structures within the body and to guide instruments during certain procedures. Ultrasound is also used to diagnose a clinical pregnancy.

Unexplained Infertility Infertility whose cause cannot be readily determined by conventional diagnostic procedures; this occurs in about 10% of all infertile couples.

Ureaplasma A microorganism that occurs in the reproductive tracts of males and females, and might interfere with sperm transport and/or embryo implantation. It might also be responsible for early miscarriages.

Varicocele A collection of dilated veins around the testicles that hinders sperm function, possibly through increasing the temperature in the scrotum.

Vulva The external portion of the female reproductive tract.

Washing (sperm washing) The processing of a semen specimen in a centrifuge in order to separate the sperm cells from the seminal fluid.