

Artificial Insemination (AI) Form – Ohio Reproductive Medicine

Please complete all of the information below and return to the address on the right. Note that you must contact your insurance company regarding coverage for this procedure. (See below) *

Ohio Reproductive Medicine
 4830 Knightsbridge Blvd. Ste. E
 Columbus, OH 43214
 Fax: 614-451-4352
 Phone: 614-451-2280 ext.105

Procedure

- Insemination with husband/partner sperm Insemination with donor sperm

Patient Information

Name (last) _____ (first) _____
 Street Address _____
 City _____ State _____ Zip _____
 Home phone (____) _____ O.K. to leave message? _____
 Work phone (____) _____ O.K. to leave message? _____
 Cell phone (____) _____ O.K. to leave message? _____
 Date of birth ____/____/____ Social Security number ____-____-____
 Employer _____

Partner Information

Name (last) _____ (first) _____
 Date of birth ____/____/____ Social Security number ____-____-____
 Work Phone (____) _____ O.K. to leave message? _____
 Cell phone (____) _____ O.K. to leave message? _____
 Employer _____

Insurance Information

Primary insurance _____ Subscriber name _____
 Subscriber # _____ Group # _____
 Provider / Authorization phone # _____
 Secondary insurance _____ Subscriber name _____
 Subscriber # _____ Group # _____
 Provider / Authorization phone # _____

If we do not have a copy of your insurance card please provide us with one.

***Please contact your insurance to ask if you have benefit coverage for intrauterine insemination (IUI)**

Your insurance may refer to this as artificial insemination (AI). If the answer is “yes”, please also ask whether you need referrals or pre-authorization. If so please forward the necessary forms to us in advance. If you do not have benefits, need to meet a deductible, or if you do not mark a box you will be responsible to pay at the time of service.

Please record your answer here:

- No, I do not have IUI benefits.
- Yes, I have IUI benefits and no authorization is required.
- Yes, I have IUI benefits and authorization is required.

The phone # for authorization is _____

Expected menstrual cycle start date for the month **before** your IUI procedure: _____

If you are planning insemination with donor sperm, are you doing this because your husband or partner had a vasectomy? Yes No

I authorize Ohio Reproductive Medicine to release my medical information to my insurance company.

Signature _____ Date _____

Office Use Only

- Dr. Friedman _____ Dr. Schmidt _____
 Dr. Kennard _____ Dr. Williams _____

Copies to: ORM _____ RDI _____