



Ohio Reproductive Medicine

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4830 Knightsbridge Blvd., Suite E, Columbus, OH 43214 Phone: (614) 451-2280 Fax: (614) 451-4352

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.



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***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. Londra _____
- Dr. Rossi _____
- Dr. Schmidt _____
- Dr. Kennard _____
- Dr. Williams _____

Copies to: ORM _____ RDI _____