



REPRODUCTIVE
MEDICINE

NEW PATIENT PAPERWORK

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www.ouinfertility.com

Dear New Patient,

We look forward to meeting with you in your upcoming appointment. Our goal at OU Physicians Reproductive Medicine is to provide comprehensive evaluation and treatment in Reproductive Endocrinology and Infertility. Our physicians and staff are dedicated to giving you the highest level of care and compassion.

Enclosed in this packet are a number of items for you to fill out prior to your appointment and bring to your first visit. One such form concerns your medical history. The first half is the female medical history and the second half is the male portion. If you are being seen for a non-infertility issue, you do not need to complete the male portion. In addition we have included information on our policies regarding your privacy, medical records, lab work, and financial obligations. Please review all of this information. If you have had relevant evaluation or testing elsewhere, please have those records sent to us prior to your visit.

We request that you arrive 15 minutes prior to your scheduled appointment time. IF YOU HAVE NOT REGISTERED ON THE PATIENT PORTAL, THE APPOINTMENT WILL BE RESCHEDULED. If you are being seen for infertility, we recommend that your partner attend the appointment with you. You should plan to spend from one to two hours in our office for your initial visit. At this appointment your physician will review your history, discuss an evaluation and/or treatment. You will also have a physical exam including a trans-vaginal ultrasound. Finally, your physician may recommend blood work or other tests be done that same day. A resident in obstetrics and gynecology or a medical student from the University of Oklahoma may be present during your discussion or examination with your physician. If you have concerns regarding this, please make the front office staff aware when you arrive.

You should have been asked for your insurance information when you made your first appointment. We will check with the insurance carrier on your coverage of evaluation and treatment. We will call and notify you of this information prior to the appointment. However, the benefits quoted to us by your insurance carrier are not a prior approval or a guarantee of payment. It is important that you check with your insurance carrier for your benefits. Please bring your insurance identification card and any pertinent insurance information with you to your first visit. It is your responsibility to obtain a referral or pre-authorization for your visit if required by your insurance company and have it sent to us prior to your appointment.

WE ASK FOR A MINIMUM OF 72 HOURS NOTICE TO CHANGE OR CANCEL AN APPOINTMENT. YOU MAY BE CHARGED A CANCELLATION FEE OF UP TO \$75.00 FOR FAILURE TO SHOW FOR A SCHEDULED APPOINTMENT.

If you have any questions, please call us at (405) 271-1616. We look forward to meeting you soon.

Sincerely,

The Team at OU Physicians Reproductive Medicine

Infertility Evaluation and Treatment

Having a child and building a family is usually associated with much joy and anticipation. However, as many as 10% to 15% of couples face infertility. For these couples, attempting to conceive becomes a time of frustration; a time in which feelings of helplessness and loss can have a significant impact on their life. For couples having difficulties conceiving, the infertility program at OU Physicians Reproductive Medicine can offer hope.

Some Facts About Infertility

Couples are considered infertile if they have not been able to conceive after one year of sexual intercourse without the use of any form of contraception. Starting an infertility investigation earlier is only advised for couples who have knowledge of factors in their history or physical examination that definitely suggests an abnormality or an obstacle to establishing a pregnancy. The following statistics apply to infertile couples:

- 10% to 15% of all married couples are infertile
- in 15% to 20% of all infertility cases, both the husband and the wife have a problem
- in 35% to 40% of infertile couples, reproductive problems occur only in the man.
- in another 35% to 40% of infertile couples, reproductive problems are found only in the woman

Infertility Program OU Physicians Reproductive Medicine

We specialize in diagnosing and treating infertility and reproductive endocrine problems. Our specialists have extensive expertise and are fellowship trained in Reproductive Endocrinology and Infertility.

For patients struggling with infertility, we offer a broad scope of treatment options including Advanced Reproductive Technologies (ART) with high pregnancy rates. Our objective is to identify all causes of infertility and then to establish a treatment plan to help achieve your goal of becoming pregnant. After the first trimester of pregnancy, women return to their physician for obstetrical care.

Conditions we frequently diagnose and treat include polycystic ovarian syndrome, ovulation dysfunction, previous tubal ligation, endometriosis, fibroids, menstrual disturbances, male-factor infertility, uterine and vaginal (mullerian) anomalies, and recurrent pregnancy loss.

Our expertise includes the following procedures:

- * In-vitro fertilization (IVF)
- * Tubal reversal surgery
- * Laparoscopic and hysteroscopic surgery
- * Frozen (cryopreserved) embryo transfer
- * Ovulation induction
- * Semen analysis
- * Intrauterine insemination
- * Donor insemination
- * Recipient / oocyte (egg) donation cycles
- * Hysterosalpingograms

For patient convenience, we have an on-site, full service laboratory for andrology (semen analysis), endocrinology (hormonal evaluation) and embryology (for in-vitro fertilization).

We also offer access to on-going clinical trials on ovarian aging and infertility and new infertility treatments for patients with Polycystic Ovarian Syndrome (PCOS).

The Infertility Evaluation

Because infertility is a disease of the couple, we encourage both the husband and wife to be present so that both partners can ask questions and understand the planned strategies for diagnosis and treatment. We recommend a full evaluation of both partners, even if you are aware of a reason for your infertility (i.e. the female doesn't ovulate regularly). Sometimes there can be more than one cause of your infertility.

Our evaluation will focus on 3 main areas:

Your physician may recommend some or all of these tests, depending on your history and physical exam.

Is the female ovulating (producing an egg) each month?

Many times this is determined by reviewing the woman's menstrual history

Blood work may include:

1. Thyroid (TSH)
2. Prolactin (the hormone associated with breast feeding)
3. Androgen levels (testosterone, DHEA-S)
4. Measures of insulin resistance (fasting levels of insulin and glucose)
5. FSH (Follicle Stimulating Hormone) and Estradiol levels
6. Progesterone

You may be asked to use urine ovulation predictor kits or maintain a basal body temperature chart.

Does the male make sufficient normal sperm to result in pregnancy?

Semen Analysis is the most common test performed. (not at initial appointment)

1. You will provide a sperm sample by masturbation
2. Abstain from ejaculation for at least 2 days, but no more than 5 days prior to the appointment.
3. The main parameters assessed are the volume, number of sperm, and how many are motile
4. Your physician may also want to have the morphology (how many sperm have normal shape) evaluated and possibly check for sperm antibodies.

Hormone evaluation—sometimes the male will need blood work to further evaluate abnormalities of the semen analysis.

Can the egg and sperm get together (are the tubes open and is the uterus normal)?

Hysterosalpingogram (HSG)

1. This is the test most commonly ordered
2. It is an X-ray test done to see if the tubes are open and the inside of the uterus is normal

Trans-vaginal Ultrasound

1. This will be done at your initial patient appointment
2. We can sometimes see structural problems with the way the uterus is formed and whether there are other problems such as fibroids, polyps, and dilated tubes

Saline Sonogram

1. This is a trans-vaginal ultrasound that is performed while there is fluid inside the uterus.
2. We can assess the uterus, but not the tubes

Surgery

1. Your doctor may recommend laparoscopy (a camera in the abdomen/pelvis) and/or hysteroscopy (camera through the cervix and into the uterus)

2. This allows us to see a problem with the uterus, tubes, or ovaries and in some cases be able to surgically correct it.
3. This is used to diagnose endometriosis, remove fibroids or polyps, reconstruct or remove tubes, and/or remove ovarian cysts, depending on the circumstances.

Other

1. Ovarian reserve
 - a. These tests help us learn more about the quantity and to some extent, the quality of the eggs remaining in a woman's ovaries. Ovarian reserve decreases with age. These tests also help us predict how the ovaries will respond to medications to induce ovulation.
 - i. Blood work on Day 3 of cycle for FSH (follicle stimulating hormone) and Estradiol (a form of estrogen)
 - ii. Clomid Challenge Test. Blood work is done on Day 3 as above. Then you take Clomid days 5 through 9 of the cycle. Finally, you have an FSH level drawn on Day 10 of your cycle.
 - iii. Antral Follicle Count. This is evaluated by performing a trans-vaginal ultrasound of the ovaries to see how many small (<10mm) follicles are on each ovary. This number declines with age.
2. Postcoital Test. Your physician will examine your cervical mucus for the presence of sperm, as well as assessing the quality of the mucus around the time of ovulation

Available Treatment Options

After you have completed your testing, you will make an appointment with your physician to discuss treatment options. The options recommended will depend on what problems were identified during the evaluation. If there is a problem identified, we will directly address the problem if possible. For example, if a patient has abnormal thyroid testing, we will recommend starting thyroid hormone replacement.

There is not a direct treatment for all abnormalities. Furthermore, in approximately 20% of couples all testing will be normal and they will be given a diagnosis of "Unexplained Infertility". In both of these cases, we recommend empiric treatments.

Some of the treatments that may be recommended include:

1. Ovulation induction with either clomid (pill) or gonadotropins (injections)
2. Intrauterine inseminations (IUI; also known as artificial insemination)
3. In vitro fertilization
4. Donor egg
5. Donor sperm with IUI
6. Surgery to correct an anatomical abnormality
7. Tubal reversal

If your physician recommends these treatments, they will discuss it in much more depth at your appointment.

Conclusion

Although an infertility evaluation and treatment can be complicated and stressful, the physicians and staff at OU Physicians Reproductive Health are here to help you through the process. If you have any questions or concerns, please don't hesitate to let us know.

Organizations with Infertility Information

RESOLVE is a nationwide non-profit consumer organization serving infertile couples with information and advocacy.

If you would like more information about RESOLVE: The national Infertility Association and the services they provide please use the contact information below

RESOLVE

7910 Woodmont Avenue
Suite 1350
Bethesda, MD 20814

Phone (301) 652-8585

Fax (301) 652-9375

www.resolve.org (Lots of information on website)

Email: General Questions: info@resolve.org

HelpLine: Call toll free: 888-623-0744

The American Society for Reproductive Medicine (formerly the American Fertility Society) is the leading organization for physicians and other health providers who care for infertile couples.

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE

1209 Montgomery Highway,
Birmingham, AL 35216-2809
Tel: (205) 978-5000
Fax: (205) 978-5005

www.asrm.org (has an area specifically for patients)



REPRODUCTIVE MEDICINE

Medical Records Policy

It is the policy of the OU Physicians Reproductive Medicine (OURM) that Protected Health Information (PHI), i.e., your medical records, are to be requested in writing by fax or mail.

Federal Regulations require that entities be given 30 days to process requests.

OURM requires at least 10 business days, from the date of receipt of your request, to process the request. If you need PHI for a doctor's appointment please make the request as soon as possible to ensure that the PHI will be ready for you.

Lab and Bloodwork policy

OURM will make every effort to send lab work to the proper facility for testing. However, it is the patients' responsibility to notify the nurses and staff where lab work needs to be sent according to YOUR insurance requirements.

It will be the responsibility of the patient to pay for the services provided, if the lab work is sent to the wrong facility.

Thank you for allowing us to participate in your care.

**OU Physicians Reproductive Medicine
REGISTRATION INFORMATION SHEET**

PATIENT INFORMATION

Last Name	First Name	MI	Sex	Birth Date	Age
Telephone Number Home :	Mobile Telephone Number:	Social Security Number:			
Mailing Address:	City	State	Zip		
Ethnicity of patient:	Ethnicity of partner:				

PATIENT EMPLOYMENT INFORMATION

Patient/Responsible Party Name	Mailing Address				
Patient/Responsible Party Employer Name	Email Address:				
Patient Employers Address	City	State	Zip		
Employers Telephone	Patient /Responsible Party Occupation				

PARTNER'S EMPLOYMENT INFORMATION

Partner's Name	Partner's DOB	Partner's SSN#	Partner's Occupation		
Partner's Employer	Address				
Partner's Work Telephone:	Partner's Mobile Telephone:	Email Address:			

EMERGENCY CONTACT INFORMATION

Emergency Contact Name	Address	City	State	Zip	
Relationship to Patient	Day Telephone	Night Telephone			
Nearest Relative's Name	Address	City	State	Zip	
Relationship to Patient	Day Telephone				
Regular Health Care Provider or Family Physician Name	City				
Who Referred You Name	City				
Where did you find out about OU Physicians Reproductive Medicine?					

PATIENT PRIMARY INSURANCE INFORMATION

Primary Insurance Company Name	Insurance Company Address	Telephone			
City	State	Zip			
Subscriber or Policyholder	Policyholder SSN#	Policyholder DOB			
Effective Date of Insurance Policy	Policy ID#	Group Number			

PARTNER / SECONDARY/ OTHER INSURANCE INFORMATION

Secondary Insurance Company Name	Insurance Company Address	Telephone			
City	State	Zip			
Subscriber or Policyholder	Policyholder SSN#	Policyholder DOB			
Effective Date of Insurance Policy	Policy ID#	Group Number			

- I hereby authorize the physician to provide the patient reasonable and proper medical care by today's standards.
- I hereby authorize payments directly to the physician of the surgical and/or medical benefits I also understand that I am responsible for any portion of my bill not covered by insurance and or any non-covered benefit or service.
- I hereby authorize the release of information for the insurance claim purposes. A copy of the above is as valid as the original.
- I understand this agreement applies to OU Physicians Reproductive Medicine and The Department of OBGYN Assisted Reproductive Technology Lab.
- I understand all of the above and hereby state that the information is correct to the best of my knowledge. My signature indicates that I have read the above and grant the request of authorization.

SIGNATURE: _____ DATE: _____



REPRODUCTIVE MEDICINE

Financial Policy

We are committed to providing our patients with the best possible care; if you have special needs we are here to work with you. The following information is provided to avoid any misunderstanding or disagreement concerning payment for professional services.

- Our office participates with a variety of insurance plans. **It is your responsibility** to:
 1. Bring your insurance card to every visit.
 2. Be prepared to pay your co-pay and/or co-insurance at each visit. Payment can be made by cash, check or credit card. We do not accept American Express.
 3. For procedures not covered under your specific plan, *payment in full is due at the time of service.*
- It is the patient's responsibility to provide us with current insurance information and to notify us if there are any insurance plan changes.
- Our staff makes every effort to verify insurance benefits and coverage as needed. The insurance does not guarantee payment of claims until they receive the claim and process it under the plan provisions.
- If you are not covered by any insurance plan, the fees are due at the time of service. We can offer a 30% discount for self-pay services.
- If you are a **monitor only patient** and we are providing services to you requested by another physician, we will not file insurance claims for your visits. You will be charged for the services provided as well as an additional \$100.00 per visit monitoring fee, and either we will bill the credit card provided by the requesting physician, or you will be expected to pay in full for each visit. We will provide you with receipts in order to bill your insurance company.

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communications. Questions about financial arrangements should be directed to the front office staff.

We appreciate the opportunity to provide in your medical care.

Patient Signature: _____ Date: _____

By signing this form you are agreeing to the conditions stated above.



Physicians

REPRODUCTIVE MEDICINE

PRECONCEPTION SCREENING for INFECTIOUS DISEASES

There are several infectious diseases which, if present during a pregnancy, could harm or adversely affect the fetus. It is possible to screen for some of these diseases prior to the start of a pregnancy. In some situations in which the woman has failed to produce antibodies against an infectious disease, it is possible to immunize against the disease and prevent the disease from occurring. Other infectious diseases can be treated with antibiotics or anti-viral drugs. Although many insurance policies pay for screening procedures, some insurance plans do not; **You will be responsible for determining whether insurance coverage exists. These tests are sent to an outside laboratory and you may receive a bill.** To assist your physician in determining the appropriateness of the following screening procedures, could you please affirm or decline the following tests for possible infectious diseases?

	ACCEPT	DECLINE
Human immunodeficiency virus (i.e., AIDS 86703 and 87390)	_____	_____
Antibodies against German measles (i.e., rubella 86762)	_____	_____
Antibodies against chicken pox (i.e., varicella 86787)	_____	_____
Hepatitis B (86706)	_____	_____
Antibodies against Hepatitis C (86803)	_____	_____
Syphilis (86592)	_____	_____
ABO blood type incompatibility (86900 and 86901)	_____	_____

Signed _____ Date ____ / ____ / ____

Printed Name _____

The diagnosis code for all of these tests is Z31.49.



Carrier Screening For Genetic Diseases

The goal of our practice is to make sure that you receive optimal care and attention to improve your chances of having a healthy pregnancy, and of course, a healthy child.

An important part of family planning is being informed about your testing options. One of these options is genetic carrier screening. Carrier screening can help you understand your risk of having a child with a genetic disease.

Typically carriers are healthy individuals; but when two parents are carriers of the same genetic disease they can have a child affected with the disease. Most people do not know they are carriers until they have a child born with the disease.

The test screens for diseases such as Cystic Fibrosis, Tay-Sachs disease, and Sickle Cell disease. Some genetic diseases can significantly impair a child's normal development. For some of these conditions, early treatment can improve pregnancy outcomes. Your doctor can provide you with the full list of tested diseases.

If both you and your partner are carriers for the same disease, your child has a 1 in 4 (25%) chance of having that disease. If you are found to have a high reproductive risk, you have options. You may decide to have preimplantation genetic diagnosis, a pre-pregnancy process that significantly reduces the risk that a child will inherit the genetic disease, or undergo testing during your pregnancy to make informed reproductive decisions. Some individuals consider adoption or opt to not have children. Even if you would not choose any of these options, you can use the information to prepare for the birth of a child with a genetic disorder. ***The results will be sent to you by email directly from Myriad. You will have the opportunity to speak with a genetic counselor about the medical options available to you.***

Like any carrier screening test, some carriers will not be detected, so this test can reduce, but not eliminate, the chance for a genetic disease.

The self-pay cost for these tests is \$349.00. Insurance coverage will vary, therefore it is recommended that you contact your insurance company directly for your specific coverage. If you choose to have the tests completed, Myriad will contact you if your out of pocket cost is more than \$349.00 due to deductible or co-insurance.

Please sign this form and feel free to ask your doctor if you have any further questions.

I am interested in the genetic carrier screening.

I am declining genetic carrier screening.

Signature	_____
Date	_____
Partner Signature [if applicable]	_____
Date	_____

840 Reproductive Medicine



DIRECTIONS TO 840 RESEARCH PARKWAY, OKLAHOMA CITY, OK 73104

Phone 405.271.1616

Hours 7:30 am–Noon; 1:00–4:30 pm

FROM THE SOUTH

Follow I-235 N to Harrison Ave/Downtown (Exit 1E)

Proceed to stop light

Continue straight ahead into

UNIVERSITY
RESEARCH
PARK

FROM THE NORTH

Follow I-235 S to N 6th/Walnut St (Exit 1F)

Merge into left turn lane

Turn left onto 6th/Harrison

Proceed to stop light

Turn right into UNIVERSITY
RESEARCH
PARK

- LOOK FOR Building 840

840

- PARK AT



- Enter Building 840 at level 1

- Take elevator to level 2

- Turn left off elevator

- Proceed through door

Clinic visits –
enter at first door on the right
Lab/procedure visits –
enter at second hall on left



ITEMS TO BRING TO YOUR CLINIC APPOINTMENT

- Your driver's license or other official photo ID
- Your health plan card(s)
- Payment of co-pay, co-insurance or scheduled fees can be made with Visa, MasterCard, Discover, cash or personal check.
Payment is necessary at the time of service.
- Complete list of medications including dosages and over-the-counter medications and supplements.
- Medical records as requested by the schedulers, if applicable.
- Free public access WiFi is available in the lobby for personal digital devices.