

IMPORTANT: For AETNA or HUMANA HMO Insurance Members

I HAVE AETNA INSURANCE OR AM ON A HUMANA HMO. WHAT DOES THAT MEAN?

As a member of either Aetna or Humana insurance programs, you are required to complete certain pre-testing requirements and/or enroll in their fertility programs. Failure to complete these steps **prior to your consultation** could result in unpaid claims and would then become your financial responsibility. See below for specifics:

AETNA INSURANCE MEMBERS

As a member of Aetna insurance, it is essential that you register with the Aetna fertility Hot Line. Regardless of your level of coverage or policy type, Aetna requires all of their members who are undergoing infertility treatment to call: **1-800-575-5999**. Aetna requests that you **call their hot line within 24 hours after your first visit** with Fertility Centers of Illinois. **Failure to call could result in unpaid claims and would then become your financial responsibility.**

HUMANA HMO INSURANCE MEMBERS

Please be advised that if you have insurance coverage through Humana HMO, your insurance plan requires that you complete certain pre-testing requirements through your Primary Care Physician (PCP) **before** you come to Fertility Centers of Illinois® (FCI) for your first visit. You and partner must have the following tests performed by your PCP and have that information sent to the Fertility Centers of Illinois office at which you will be seen **before** your first visit:

For females

- Lab Tests
 - CPT 82670 Estradiol (Day 3)
 - CPT 83001 Follicle Stimulating Hormone (Day 3)
 - CPT 83002 Luteinizing Hormone (Day 3)
 - CPT 88142 Pap Test or written statement from PCP stating Pap is < 1 year
 - CPT 84146 Prolactin
 - CPT 86762 Rubella
 - CPT 84443 Thyroid Stimulating Hormone
- Radiology Procedures
 - CPT 74740 Hysterosalpingogram with Patency Evaluation

For males:

- CPT 89320 Semen Analysis, Complete

REFERRAL REMINDER

Please check with your insurance carrier to determine whether or not your policy requires you to have a written referral from your referring physician or an authorization number directly from your insurance carrier. Failure to acquire proper referrals could result in unpaid claims and would then become your financial responsibility.