

Welcome to



Thank you for selecting CARE Fertility as your Reproductive Center. We are honored to assist you on your journey and are committed to delivering exceptional care. Our mission is to enhance your experience through clear communication, advanced medical solutions, and compassionate service tailored to your unique needs.

Our team's expertise is rooted in professionalism and empathy, complemented by the latest advancements in reproductive medicine. We strive to create a supportive environment where your concerns are addressed and your questions are welcomed. Please do not hesitate to reach out for assistance.

Warm regards,  
The CARE Fertility Team

# Comprehensive Financial & Payment Policy: What You Need to Know

## PAYMENT FOR SERVICES

Payment is required at the time of service. We accept major credit cards, personal checks, cash, and offer in-house financing options to accommodate diverse financial needs, including CareCredit for eligible patients.

## INSURANCE COVERAGE

- We participate in most PPO insurance plans. Please provide your insurance card for verification during your first visit.
- Notify us immediately of any changes to your insurance to prevent service interruptions.

## CLAIMS SUBMISSION PROCESS

For each procedure, you will sign an Advanced Beneficiary Notice (ABN), allowing us to submit claims to your insurance provider on your behalf.

## PATIENT RESPONSIBILITIES

- Copayments and deductibles must be settled at the time of service, as stipulated by your insurance agreement.
- Services not covered by your insurance or deemed unnecessary will be billed directly to you.

## SURGERY CENTER BILLING

Professional services are billed in-network, while facility charges may be out-of-network. In such cases, two ABNs will be required, and two claims will be processed.

For further details or clarifications, please contact our office.

# Notice of Privacy Practices: A Summary

## HEALTH CARE OPERATIONS

Your medical information is used to optimize our services and ensure quality care.

## TREATMENT

We share necessary information with healthcare professionals directly involved in your care.

## PAYMENT

Relevant details are provided to insurers and billing entities for reimbursement purposes.

## MARKETING

Limited contact information may be used to share updates or services aligned with your treatment plan.

## YOUR RIGHTS

You may request access to your records, impose restrictions on data sharing, and exercise other rights by contacting our office.

Scan the QR code to access our full  
HIPAA policy online.  
<https://carefertility.net/hipaa-privacy-notice/>



# HIPAA - Use & Disclosure of Protected Health Information

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## Patient Authorization & Acknowledgement of Receipt

Authorization for the disclosure of Protected Health Information (PHI) 1 for Treatment, Payment, or Healthcare Operations (164.508 (a)).

I, the undersigned, understand that as part of my health care, CARE Fertility originates and maintains health records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care of treatment. I understand that this information serves as:

- A basis for planning my care and treatment;
- A means of communication among the health professionals who may contribute to my health care;
- A source of information for applying my diagnosis and surgical information to my bill;
- A means by which a third-party payer can verify that services billed were actually provided;
- A tool for routine healthcare operations such as assessing quality and reviewing the competence of healthcare professionals.

I have been provided with a copy of the Notice of Privacy Practices that provides a more complete description of information uses and disclosures.

# Notice of Patient's Rights

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THIS NOTICE DESCRIBES PATIENT RIGHTS AND RESPONSIBILITIES. PLEASE REVIEW IT CAREFULLY.

## YOUR RIGHTS:

1. To receive professional and considerate care without regard to race, color, sex or religious preference.
2. To expect every effort be made to communicate effectively regardless of any language barrier.
3. To receive information necessary for informed consent prior to any procedure.
4. To refuse treatment to the extent permitted by law and to be informed of the consequences.
5. To receive every consideration of privacy and confidentiality.
6. To inspect or obtain copies of your records upon reasonable notice and payment of copy charges with a written request to the office.
7. To be informed of other professionals who will be assisting with your care.
8. To consent or refuse to participate in research activities.
9. To request and receive an itemized bill for services provided at the CARE Fertility. Prior to initiation of treatment, you have the right to be informed of usual and customary charges, or estimated charges.
10. To receive assistance in receiving continuity of care and help in locating an alternative physician when desired.
11. To discuss any concerns, complaints, or suggestions with the Patient Representative and to review the CARE Fertility's policy and procedure regarding the expression of suggestions and grievances.

## YOUR RESPONSIBILITIES:

1. To disclose to the best of your ability complete and accurate information pertinent to your condition, medications (including over-the-counter products and supplements), allergies or sensitivities, symptoms, and other factors which could assist in making a diagnosis and your course of treatment.
2. To promptly notify the doctor of any changes in your condition.
3. To follow, to the best of your ability, any agreed on treatment plan.
4. To provide a responsible adult to transport and remain with you for 24 hours as required for various surgeries and other treatments.

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5. To clearly inform the doctor if you do not understand or agree with any part of your treatment plan.
  6. To use your best efforts to keep all scheduled appointments, arrive on time, and call the office as soon as possible if it is necessary to cancel or reschedule.
  7. To provide all necessary insurance information, make prompt payment on all charges for which you are responsible and take full responsibility for the financial obligations, related to your health care.
  8. To be respectful and considerate of other patients, staff, and health care providers.
  9. To follow the CARE Fertility's rules and regulations related to patients.

We reserve the right to update the notice at any time, and publish a new Notice of Patient's Rights. The new notice will be in our patient waiting areas and you may obtain a paper or electronic copy from our front desk staff.

We reserve the right to amend this Notice of Patient Rights at any time in the future. Until such an amendment is made, we are required by law to comply with the terms of this Notice currently in effect. After an amendment is made, the revised Notice of Patient Rights will apply to all protected health information that we maintain, regardless of when it was created or received. We will keep a copy of the current notice in our reception area, and a copy will be available upon request.



# The American Association for Accreditation of Ambulatory Surgery Facilities, Inc. PATIENT RIGHTS & RESPONSIBILITIES

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This accredited facility presents these Patient Rights and Patient Responsibilities to reflect the commitment to providing quality patient care, facilitating dialogue between patients, their physicians, and the facility management, and promoting satisfaction among the patients and their designated support person(s), physicians, and health professionals who collaborate in the provision of care. This facility recognizes that a personal relationship between the physician and the patient is an essential component for the provision of proper medical care. When the medical care is rendered within an organizational structure, the facility itself has a responsibility to the patient to advocate for expanded personal relationships and open communications between patients and their designated support persons, physicians and the organization's staff members. This facility has many functions to perform, including but not limited to, preventing and treating medical conditions, providing education to health professionals and patients, and conducting clinical research. All these activities must be conducted with an overriding concern for the patient and above all the recognition of his or her dignity as a human being. Although no catalogue of rights can provide a guarantee that the patient will receive the kind of treatment he or she has a right to expect, these patient rights are affirmed and actively incorporated into the care provided in this facility.

1. The patient has the right to receive considerate and respectful care in a safe setting.
2. The patient has the right to know the name of the physician responsible for coordinating his/her care.
3. The patient has the right to obtain information from his or her physician in terms that can be reasonably understood. Information may include, but is not limited to his or her diagnosis, treatment, prognosis, and medically significant alternatives for care or treatment that may be available. When it is not medically advisable to share specific information with the patient, the information should be made available to an appropriate person in his or her behalf. When medical alternatives are to be incorporated into the plan of care, the patient has the right to know the name of the person(s) responsible for the procedures and/or treatments.
4. The patient has the right to obtain the necessary information from his or her physician to give informed consent before the start of any procedure and/or treatment. Necessary information includes, but is not limited to, the specific procedure and/or treatment, the probable duration of incapacitation, the medically significant risks involved, and provisions for emergency care.
5. The patient has the right to expect this accredited ambulatory surgery facility will provide evaluation, services and/or referrals as indicated for urgent situations. When medically permissible, the patient or designated support person(s) will receive complete information and explanation about the need for and alternatives to transferring to another facility. The facility to which the patient is to be transferred must first have accepted the patient for transfer.
6. The patient has the right to refuse treatment to the extent permitted by law, and to be informed of the medical consequences of his or her action.
7. The patient has the right to obtain information about any financial and/or professional relationship that exists between this facility and other health care and educational institutions insofar as his or her care is concerned. The patient has the right to obtain information about any professional relationships that exist among individuals who are involved in his or her procedure or treatment.
8. The patient has a right to be advised if this accredited ambulatory surgery facility proposes to engage in or perform human experimentation affecting his or her care or treatment. The patient has the right to refuse to participate in research projects.



9. The patient has the right to every consideration for privacy throughout his or her medical care experience, including but not limited to, the following. Confidentiality and discreet conduct during case discussions, consultations, examinations, and treatments. Those not directly involved in his or her care must have the permission of the patient to be present. All communications and records pertaining to the patient's care will be treated as confidential.

10. The patient has the right to expect reasonable continuity of care, including, but not limited to the following. The right to know in advance what appointment times and physicians are available and where. The right to have access to information from his or her physician regarding continuing health care requirements following discharge. The number to call for questions or emergency care

11. The patient has the right to access and examine an explanation of his or her bill regardless of the source of payment.

12. The patient and designated support person(s) have the right to know what facility rules and regulations apply to their conduct as a patient and guest during all phases of treatment.

13. The patient has the right to be free from all forms of abuse, neglect, or harassment.

14. The patient has the right to exercise his or her rights without being subjected to discrimination or reprisal.

#### Patient Responsibilities

It is the patient's responsibility to participate fully in decisions involving his or her own health care and to accept the consequences of these decisions if complications occur. It is the patient's responsibility to follow up on his or her physician's instructions, take medications when prescribed, and ask questions that emerge concerning his or her own health care.

It is the patient's responsibility to provide name of support person in case of emergency, and have this support person available when advised to do so.

Direct any care concerns or complaints to:

Direct any care concerns or complaints to:

Facility Director: Rodolfo Quintero, MD

Phone: (818) 230-7778

And the Investigations Team at QUAD A

Phone: (888) 545-5222

Email: [investigations@quada.org](mailto:investigations@quada.org)

Department of Health: LA COUNTY OF PUBLIC HEALTH DEPARTMENT

Phone: (888) 770-9995

Office of the Medicare Beneficiary Ombudsman

Phone: 1-800-MEDICARE (1-800-633-4227)

Website: <http://www.medicare.gov/claims-andappeals/medicare-rights/get-help/ombudsman.html>

Patient Consent for Use & Disclosure of PHI

Consent to the use and disclosure of Protected Health Information (PHI) for Treatment, Payment, or Healthcare Operations (TPO) (164.506 (a))

I understand that:  
I have the right to review the provider’s Notice of Privacy Practices prior to signing this consent;  
By signing below, I hereby give my consent to use and disclose my protected health information (PHI) to carry out treatment, payment and health care operations (TPO).

We may also use any of the following methods to send you appointment reminders, patient statements, surveys, occasional news, educational messages, and information related to insurance issues or your clinical care, including laboratory test results, etc:

- ☐ Mail - to home or other alternate location
- ☐ Telephone - cell phone, home or alternate number. (We may also leave a message on your voicemail)
- ☐ Text Messages (standard text messaging rates may apply)
- ☐ Emails

This order will remain in effect until revoked by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**NOTICE AND ACKNOWLEDGMENT OF RECEIPT AND UNDERSTANDING**

NOTICE TO PATIENTS Medical doctors are licensed and regulated by the Medical Board of California. To check up on a license or to file a complaint go to [www.mbc.ca.gov](http://www.mbc.ca.gov), email: [licensecheck@mbc.ca.gov](mailto:licensecheck@mbc.ca.gov), or call (800) 633-2322.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name (Type or Print)

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Representative's Name and  
Relationship (Type or Print)

\_\_\_\_\_  
Patient's Representative's  
Signature



Glendale Office  
500 E. Colorado Street Suite #400,  
Glendale, CA 91205  
[\(818\) 230-7778](tel:(818)230-7778) | [\(888\) 873-4727](tel:(888)873-4727) FAX

Upland Office  
510 N. 13th Avenue Suite #304,  
Upland, CA 91786  
[\(909\) 953-5042](tel:(909)953-5042) | [\(888\) 873-4727](tel:(888)873-4727) FAX