



The Reproductive
Medicine Group

The Prelude Network®



Fertility Care Financing



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Welcome to The Prelude Network

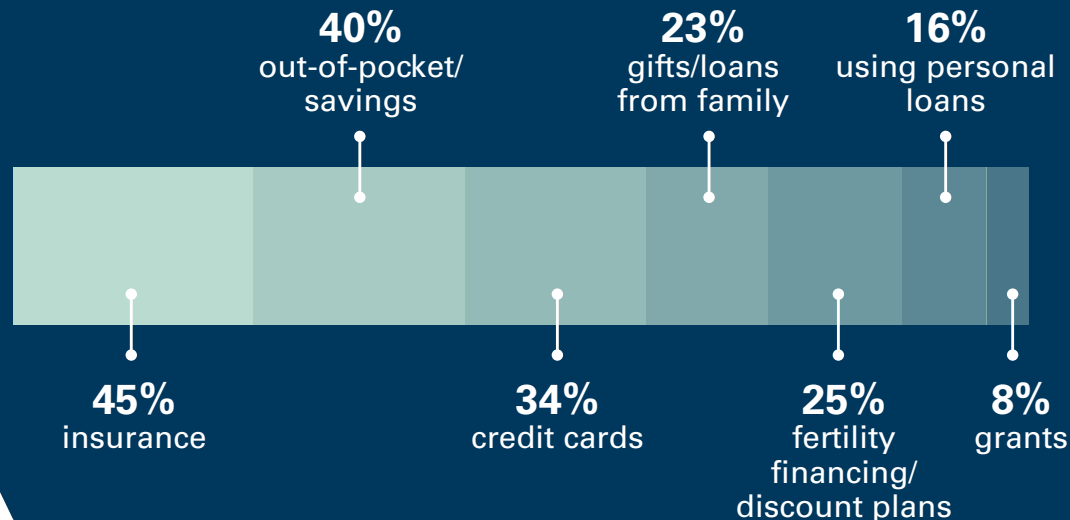
We understand that the financial aspect of fertility treatments can feel overwhelming. This guide was created to provide clear, comprehensive information about the financing options available to you. Our goal is to simplify the decision-making process, ensuring you have the resources and confidence to focus on your journey toward parenthood.

81% of patients are concerned about the cost of fertility treatments

The average credit card interest rate is 28.60% and personal loans can range from 7-36%

Nearly 70% use their savings or go into debt to pursue parenthood

In our proprietary survey of 700 patients, we found that they used the following payment methods



Understanding Your Costs Upfront: Insurance and Out-of-Pocket Costs

Fertility insurance coverage varies widely depending on your provider and plan. Some key factors to consider:

- Many plans require pre-authorization for fertility treatments.
- Coverage may be limited to diagnostic testing and not treatment.
- High-deductible plans may require large out-of-pocket payments before coverage begins.

How High-Deductible Plans Affect Payment Options

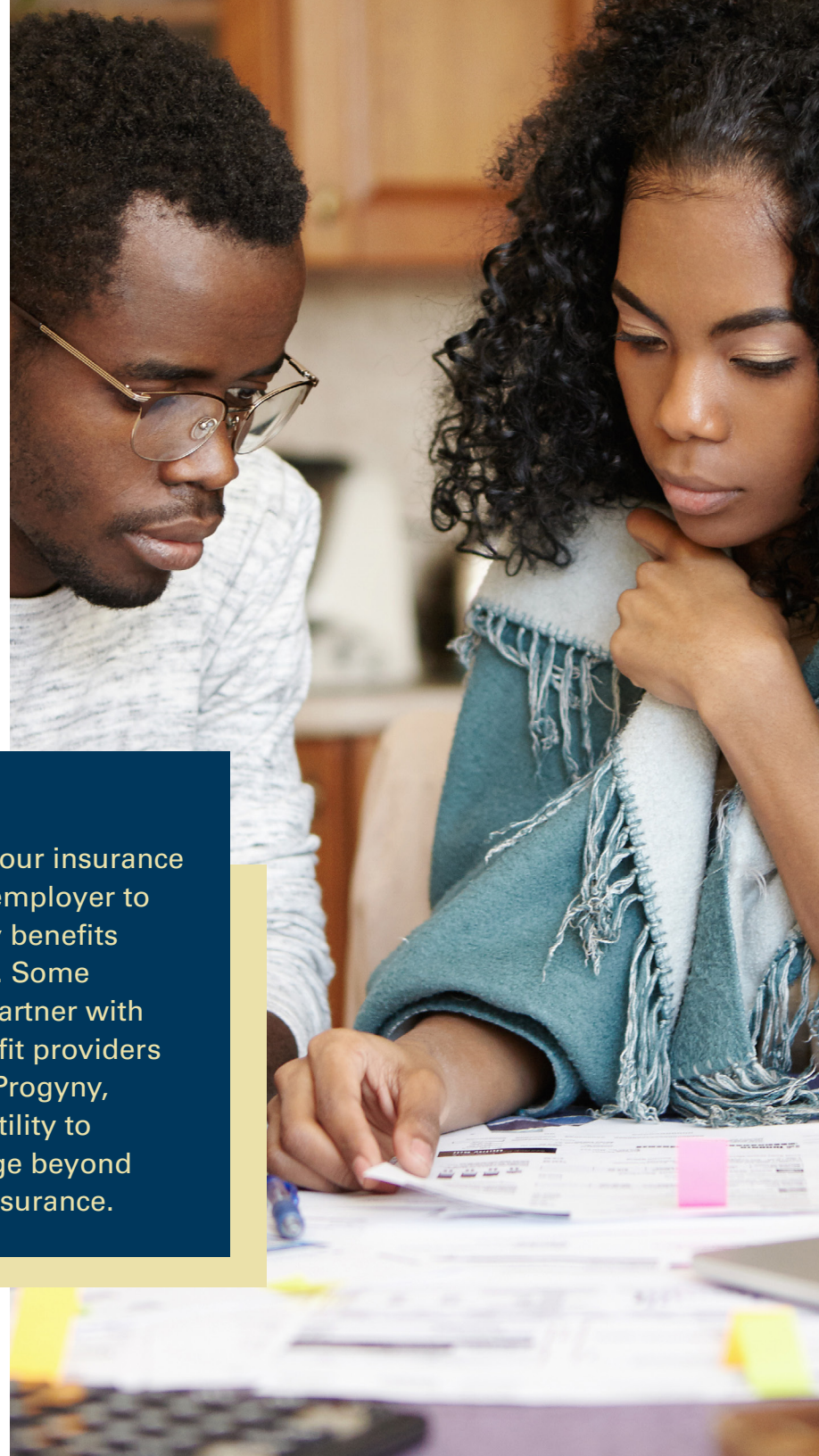
If your plan requires you to meet a high deductible before insurance contributes, you may have to cover a significant portion of treatment upfront. Many patients choose financing options to make fertility treatment more affordable by spreading costs into manageable monthly payments.

Common financing solutions include:

- Personalized fertility loans
- Employer-sponsored fertility benefits that may cover specific costs

Tip:

Check with your insurance provider or employer to see if fertility benefits are included. Some employers partner with fertility benefit providers like Maven, Progyny, or Carrot Fertility to offer coverage beyond traditional insurance.



Important Insurance Terms

Network

A group of doctors, labs, hospitals, and other providers that your health plan contracts with at a set payment rate.

Premium

The amount you pay for your health insurance plan every pay period.

Copay

A flat fee paid for each medical service covered by your health plan, regardless of the total cost.

Deductible

The amount you pay out-of-pocket before your health plan begins to pay a portion of your claims.

Coinsurance

The percentage you pay for each medical service covered by your health plan, after you've met your deductible.

Out-of-Pocket Maximum

This is a "cap" on your costs for the year. Once you hit this amount, your insurance plan covers 100% of covered services for the rest of the year.

Explanation of Benefits (EOB)

A document from your insurance that outlines the services you received, the total cost, the amount covered by insurance, and your remaining financial responsibility. A copy is sent to you as well as the provider.

Total Charge

The total amount the provider charged for the services on a claim.

Allowed Amount

The eligible/contracted amount an insurance will pay a provider for a medical service. This amount is lower than the billed/total charge.

Contractual Adjustment

The difference amount between the total charge and the allowed amount. This amount must be written off by the provider.

Lifetime Maximum (LTM)

The total amount your insurance plan will pay for specific medical services, such as infertility treatment, over your lifetime. LTM can be defined as either a set dollar amount or a limited number of treatment cycles covered by the policy. Once this limit is reached, the insurance provider will not cover any additional costs related to infertility services, meaning patients must pay out-of-pocket for further treatments. Some policies also count fertility medications toward the LTM.

Understanding Your Insurance Coverage

Prior to starting fertility treatment, we recommend all patients call their insurance companies to verify their benefits. Patients are financially responsible for any services or costs not covered by insurance. Coverage should be verified for the tests and procedures listed below.

Please note: This may not be an all-inclusive list of the services and procedures recommended by your physician. Your Financial Counselor can advise you if additional tests, medications, or procedures require verification or authorization based on your individual treatment plan.

Diagnostic Testing:

Office Visit
Ultrasound
Estradiol
Progesterone
Beta HCG
FSH
LH
Venipuncture
Semen Analysis

Diagnostic Procedures:

Hysteroscopy
Hysterosalpingogram - HSG
Sonohysterogram

Infertility Procedures:

IUI

In-vitro Fertilization Procedures:

ICSI
Extended Culture
Assisted Hatching
Embryo/ Oocyte biopsy
Initial cryopreservation, embryo
Storage Fee, cryopreserved
Retrieval
Embryo Transfer

Additional Questions for Your Insurance Company:

- Are there any dollar limitations or attempt limitations to any of the infertility and/or In-vitro fertilization procedures?
- What is the specialist copay?
- Does the plan have a deductible, coinsurance, or out-of-pocket maximum? If so, how much and how much has been met?
- What are the eligibility criteria set by the plan for infertility benefits?
- Are there stipulations/requirements about the fertility center or laboratory used?
- Does the insurance require enrollment in a fertility benefit program?

We recommend keeping a record of the name of the insurance representative spoken to and the reference number for the call, in case there are any discrepancies in coverage during treatment.

Important Information About Stimulation Medications

As part of your fertility treatment, you will need stimulation medications to support your cycle. These medications are not included in the package fee and must be purchased separately. Payment is made directly to the pharmacy.

We want to ensure you have flexibility in managing your treatment costs. Patients are welcome to pay for these medications out-of-pocket if they wish to preserve their Fertility Lifetime Maximum for actual treatment expenses.

If you have any questions about medication coverage, pharmacy options, or payment methods, our team is happy to assist you. Please reach out to your financial counselor for further guidance.

Be sure to check with your insurance provider about coverage for medications, as plans vary.



Understanding Insurance Claims

How are claims processed?

- Claims are processed using the information billed. This includes patient information, procedure code(s), diagnosis code(s), and even referrals and authorizations. These claims are processed based on the policy information and applicable plan benefits.
- All claims received (from the different providers and facilities) account into your deductible, OOP maxes, and lifetime benefit maxes. Because of this, insurances will process claims in the order they are received, not by the date of service (DOS).
- Claims typically process within 30-45 days after they are received. In some cases, the processing can be delayed if the insurance needs additional information from the provider or from you, the patient. A letter will be sent from the insurance in these cases.

Infertility Claims

How are claims processed?

As a fertility patient at our clinics, we provide a benefits quote to verify which fertility services and requirements are covered under your insurance policy. During this process, we also estimate your deductible and out-of-pocket maximum accumulations.

This quote will tell us any excluded services and if an authorization needs to be obtained.

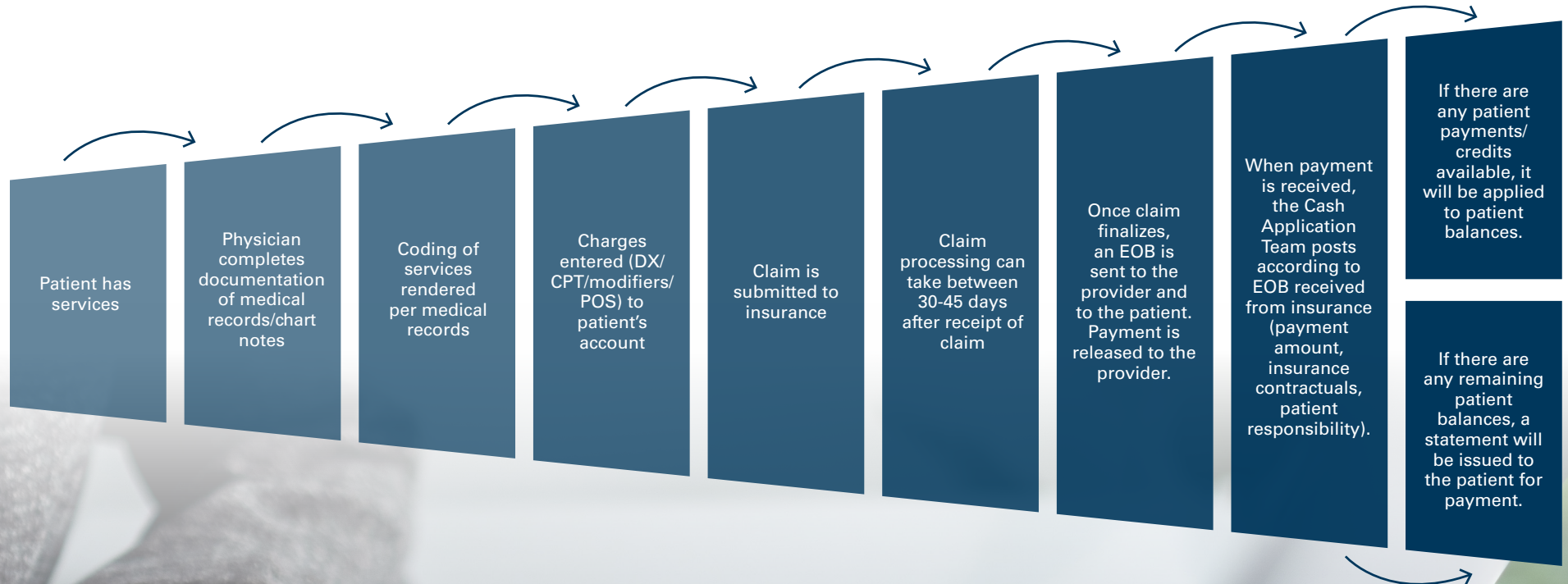
This will also tell us if you have any lifetime maxes (LTM) for your infertility coverage.

- Infertility LTM can either be a set dollar amount or the number of cycles you are limited to.
- Claims billed with services or diagnosis codes indicating they are infertility related can count towards your benefit maximum.
- Medications can also be counted into your max, depending on your policy.
- Once this LTM has been met, your policy will not cover any additional infertility related claims.

Your Financial Journey at Inception Fertility: Simplifying the Process for You



Life of a Claim



Terms:

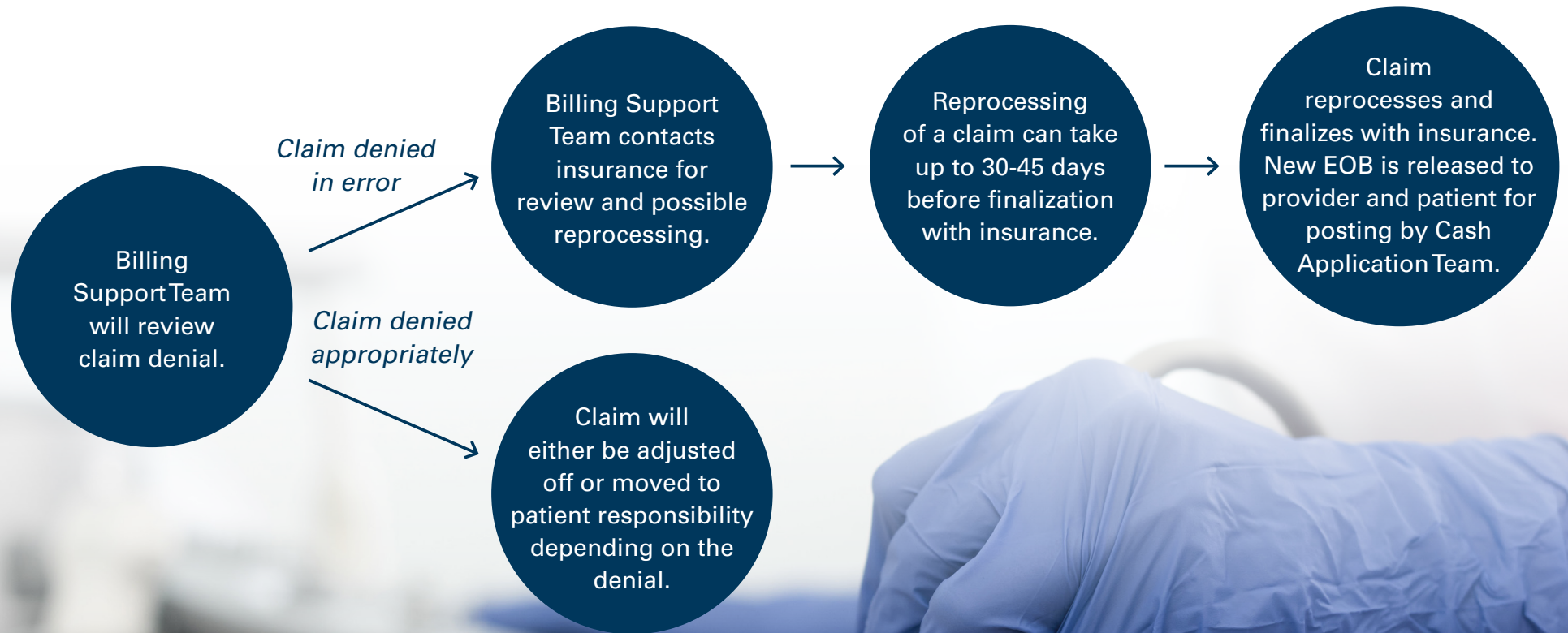
DX: diagnosis

CPT: procedure/service code

POS: place of service

EOB: explanation of benefits

What if insurance denies the claim?



Explanation of Benefits (EOB)

Example Only

Remittance Advice for Period Ending 09-27-24

ASPIRE HOUSTON FERTILITY INSTI
SUITE
7515 MAIN ST
HOUSTON TX 77030

1-844-815-4111

Federal ID No.

1	2	3	4			5				6	7		
Dates From/To	Service Code	Charged Amount	Allowed Amount	Deductible	Copay	Coinsurance	Discount Managed Care Adjust	Inedligible	Withheld	OC	ANSI Code	Paid	Patient Responsibility
EMPLOYEE:			F	PATIENT:			T	ID#					
ACCOUNT NUMBER:			CLAIM NUMBER:										
091624 76831		350.00	126.32	.00	.00	25.26-	223.68-	.00	.00	01	45	101.06	25.26
					DISCOUNT								
091624 58340		608.45	138.35	.00	.00	27.67-	470.10-	.00	.00	01	45	110.68	27.67
					DISCOUNT								
091624 81025		30.00	5.17	.00	.00	1.03-	24.83-	.00	.00	01	45	4.14	1.03
					DISCOUNT								
TOTAL		988.45	269.84	.00	.00	53.96-	718.61-	.00	.00			215.88	53.96
			UNITEDHEALTHCARE CHOICE PLUS										
SUB TOTAL		988.45	269.84	.00	.00	53.96-	718.61-	.00	.00			215.88	53.96
PROVIDER TOTAL		988.45	269.84	.00	.00	53.96-	718.61-	.00	.00			215.88	53.96

1. The procedure code assigned on the claim to identify the service performed.
2. The amount charged for the service codes on the claim.
3. Contracted amount per insurance
4. Patient responsibility
5. The same as the contractual adjustment.
6. The amount paid by the insurance.
7. The total patient responsibility amount from #4.

This example of an EOB is provided for general informational purposes only. EOB formats vary by insurance payer, and while the core data (charged amount, allowed amount, deductible, coinsurance, patient responsibility, etc.) remains consistent, the layout, terminology, and level of detail may differ across providers. Patients may receive EOBs that look different from this example.

For assistance interpreting your specific EOB, please contact your insurance provider or your financial counselor.

EOB & Claim Reason Codes

The explanation of benefits received from the insurance company will have different reason codes to tell you what the patient responsibility, provider responsibility, and what denial is on the claim, if any.

The reason codes will be at the bottom of the EOB document.

Here is a list of common reason codes.

PR

Patient responsibility

PR - 1

Patient responsibility deductible

PR - 2

Patient responsibility coinsurance

PR - 3

Patient responsibility copay

CO

Provider write-off

CO - 45

Contractual obligation/adjustment per provider contract

Financial Resources

We've partnered with multiple companies to offer our patients valuable options for financing fertility treatment. From a unique program that combines multiple fertility treatments into a single package for one reduced, up-front cost to companies specializing in fertility financing that offer our patients exclusive rates.

Connect with our Financial Counselors through the Prelude Connect App and explore your financial options with confidence!

Tip:

Patients who enroll in financing programs early in the process often experience less stress and can focus more on their treatment journey.

Roadmap to Financing Your Fertility Treatment



PatientFi[®]

PatientFi provides stress-free fertility financing solutions so that patients can focus on treatment and worry less about financial interruptions. Each plan is customized for the individual, with terms that fit their unique needs. All treatments are covered under one easy plan that patients can make steady, affordable payments to every month.

Key Highlights Include:

- Funding up to \$50,000
- No interest plans available* (if paid in full during promotional period)
- APRs as low as 6.99%
- Extended terms out to 84 months
- No hard credit checks, ever
- No extra or hidden fees

Stress-Free Monthly Plans

While you may not be able to plan every step of your fertility journey, you can take the unknowns out of treatment costs. With PatientFi, you pay a steady amount every month with a plan that puts you in charge.

Flexible Financing Fits Your Life

We'll customize a plan around your needs. Want longer terms with lower monthly payments? Done.

Need your plan to cover expenses with your clinic, other providers, and at your pharmacy? No problem.

*If not paid in full during the promotional period the APR will increase to a 6.99–29.99% fixed rate.



You're In Control at Every Step

USE IT WHERE YOU WANT

Use your plan at your clinic, other providers, and at your pharmacy.

SPEND WHAT YOU NEED

Use your plan for what you need when you need it. Pay it down, then spend more later.

SEE EVERY TRANSACTION

Our easy app keeps track of every transaction, so you can see and approve expenses.



Bundl Fertility™ Makes Fertility Affordable

We cap fertility costs, because families are priceless.

Aspire is proud to partner with Bundl, a unique program that combines multiple fertility treatments into a single package for one reduced, up-front cost. The team behind Bundl has first-hand personal experience with infertility and designed a program that lowers fertility treatment cost, includes financial protection, and offers core flexible packages you can tailor to your family's needs.

Don't worry, we have a plan.

We understand that every path to parenthood looks different. That's why BUNDL offers packages with options tailored to your unique fertility journey.

MOST PROTECTION

BUNDL Guard™



- + 100% Refund if you do not take a baby home
- + Option to add Medications
- + 2 or 3 treatment cycles
- + Unlimited FETs

MOST COST-EFFECTIVE

BUNDL Basic

- + 2 or 3 treatment cycles
- + Unlimited FETs
- + Optional Medication add-on

MOST FLEXIBLE

BUNDL Back to Back

- + 2 or 3 treatment cycles
- + Unlimited FETs
- + Retrieval cycles can be done one after the other and embryo banking is allowed

BEST BEGINNER PACKAGE

BUNDL 1+1

- + 1 IUI + 1 IVF cycle
- + Unlimited FETs
- + Success Guard Risk Protection
If your IUI is successful, we refund the IVF portion



Let us help you find the best plan
for your fertility journey.



The Specialists in Fertility Financing

CapexMD provides friendly, affordable, stress-free financial solutions for fertility treatment. They specialize in providing patient financing for all fertility treatment options.

CapexMD offers a wide variety of loan options, allowing you to attain the financing required to make your treatment affordable. Each loan program is designed to fit your individual circumstances, and once approved, our Fertility Loan Specialists will work closely with your fertility center to ensure that funds are secured prior to the commencement of your treatment.

Why CapexMD?

- Specialists in fertility financing
- Personal attention
- Competitive rates
 - Typically much lower than credit cards*
- Easy & secure online application
- Approval within 24 hours
- Customized terms to meet individual budgets
- Can be integrated with all insurances
- Highest confidentiality
 - All loans are retained for servicing*
- No annual fees
- Leave credit card usage for short-term emergency needs
- No pre-payment penalties
- Medication financing available
- Provides affordability for the best treatment option recommended by physician

Apply Now with their easy & secure [online application](#).





Don't let cost be a barrier to your dreams of parenthood. Discover a more affordable way to pay for your fertility treatment and related care with payment plans offered through [LendingClub Patient Solutions](#).

Budget-Friendly Payment Plans Offer You:

- A quick and simple online application that allows you to see all of your options in seconds.
- Visibility to all amounts, monthly payments, and rates you prequalify for with no impact to your credit until you select a plan and move forward.
- One monthly payment for up to four services including IVF treatment, medications, genetic testing, fertility preservation, and donor services.

Payment Plans That Fit Your Needs

Attractive APRs **as low as 3.99%** and up to 30.99%

Loan amounts from **\$1,000 to \$50,000 from 24 to 84 months**

Prequalify with **NO credit score impact** until you select a plan

No application or subscription fees

One comprehensive loan for up to four covered services

We pay your clinic directly within 1-3 business days after receipt of signed agreement

Why Choose LendingClub

Fertility obstacles are stressful enough, and figuring out financing can make what you're going through even more overwhelming. That's why we're here to help.

Complete your [online application](#) today or learn more.





We partner with [Future Family Financing](#) to offer flexible payment plans and low interest rates for family-building goals. Get funding from \$5,000 to \$50,000 and a dedicated Future Family fertility financing expert to confidently support you on your loan journey.



Benefits of a Future Family Fertility Loan

- Low interest rates
- No penalties; pay off your loan early without additional fees
- Pre-approval for funding up to \$50,000 in less than 48 hours
- Personalized loan plans for your specific fertility needs and treatments
- Comprehensive coverage for various fertility-related costs such as medications, lab fees, and donor fees
- Single, easy-to-manage monthly payments
- Bill-pay management system to help you stay organized and on top of your payments throughout loan duration
- On-demand support through a dedicated Fertility Coach who will provide personalized guidance, medication training, onboarding assistance, and be available for any questions or concerns you may have during your fertility journey
- Friends and Family Loan Plan that enables you to have a friend or family member obtain a loan on your behalf

Payment Options

Make paying for treatment easier with financing -- enjoy one easy monthly payment, funding in as few as 2 business days, and the flexibility to prepay anytime. If you have insurance and/or employer benefits plan, this could help reduce your treatment costs.

Estimated Treatment Cost: \$15,000*

OPTION 1 Out-of-Pocket	OPTION 2 Low APR Fertility Financing	OPTION 3 Partial Finance
Upfront payment	No upfront deposit	Upfront payment
\$15,000 at time of service	\$304/month ¹ for 60 months at 7.99% Flexible term up to 60 months	50% cash + 50% financing \$7,500 cash + \$152/ month ¹ for 60 months at 7.99%

*Final treatment and loan costs will depend on your provider and final agreed upon treatment plan.

¹ Low APR Financing: Terms and Conditions apply. [Click here to view](#)

As part of our exclusive offering, The Prelude Network patients gain access to the Personalized Payment Choice tool and pre-approval process. To prequalify risk-free, visit the [The Prelude Network | Future Family Fertility Financing Calculator](#)

Frequently Asked Questions

Who is considered a new patient?

Patients who are new to the practice or who have had a break in care for more than three years are considered new patients.

How can I be clear about my insurance coverage?

We encourage all patients to review and complete the Understanding Your Insurance Coverage guide to understand your benefits. If you have any questions, please contact your Financial Counselor via the Prelude Connect App.

Are medication costs included in treatment pricing?

Medications are an additional expense. You will work directly with your pharmacy for fulfillment and payment.

My insurance only covers diagnostic testing, what does that mean?

If your insurance only covers diagnostic testing, this means that once you start fertility treatment - such as IUI, injectable medications, or IVF - you may have to pay for any additional care out-of-pocket. Many insurance plans stop covering costs once you move beyond diagnostic testing and begin treatment. At that point, you would be responsible for the costs based on clinic's self-pay rates.

What is not included in my self-pay fertility treatment cycle options?

Additional costs may include diagnostic testing and medications.

When does a self-pay fertility cycle start and end?

A self-pay fertility cycle typically starts on the first day of a patient's period. However, the exact timing can vary depending on the treatment plan, especially for IVF or priming cycles. The cycle generally ends either on the first day of the next period or with a confirmed pregnancy. We recommend checking with your clinic and insurance provider for specific coverage details related to your treatment plan.

What if I am unable to complete my cycle?

The cancellation policy for your specific treatment plan, including refund eligibility and any associated fees, will be outlined in your estimated cost breakdown and financial agreement. We encourage you to review these documents carefully to understand the terms before starting treatment.

When is the payment for a cycle due?

All cycle payments are due two weeks prior to the start of your cycle to avoid any delays in beginning treatment. In addition, any outstanding patient balances must be resolved in full prior to starting future treatment cycles.

What is a second IUI and how do I know if I should choose that option?

Some patients may benefit from completing two IUI procedures during an IUI cycle. Based on your personalized treatment plan, your physician will discuss the best option for you.

What if my OI cycle converts to an IUI cycle?

Occasionally your physician will decide that you would benefit from an IUI during an OI cycle. If your OI cycle converts to an IUI cycle, the additional payment will be due on the day of IUI.

What if my IUI cycle converts to an OI or timed intercourse cycle?

Your Financial Counselor will work closely with you to determine if there would be a credit due based on the service already rendered.

If I have a billing question, who should I contact?

For questions about your specific insurance coverage, please contact your insurance provider directly. Our Financial Counselors are also available to assist with treatment cost inquiries through the Prelude Connect App.