



349 Northern Blvd. Albany, NY 12204

Ph (518) 434-9759 · Fax (518) 436-9822  
[www.albanyivf.com](http://www.albanyivf.com)

## NEW PATIENT INFORMATION

Welcome to Albany IVF and thank you for your interest in our program. Enclosed is general information about our program, which we hope you will find helpful.

Our entire staff appreciate the stress that establishing care in a new program causes. It is our sincere hope that our orientation materials will help diminish that stress and will make the start of your journey with us as pleasant as possible.

Please read through the materials provided carefully and make notes of questions you may have. Tour our informative website, [www.albanyivf.com](http://www.albanyivf.com) for more information.

Please fill out the medical questionnaire enclosed, include your partner's information if applicable. Include all medical records, copies of insurance cards and referrals you're your primary care physician. Please return the packet to us **within one week of receiving it.**

We look forward to meeting you and working with you.

Sincerely,

Albany IVF Staff.



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## WHAT TO EXPECT AT YOUR INITIAL VISIT

Your appointment will be confirmed approximately 1 week in advance. If we call to confirm an appointment and leave a message for you, you must call back to confirm receipt of the message and to confirm that you will be at your scheduled appointment.

You will meet with the physician for a 45-minute to 1hour consultation; this consultation will involve both partners. A brief physical examination may be performed following this consultation. Following the visit, you will meet a Fertility Coordinator to discuss your treatment plan.

A summary of your consult will be either E-mailed to you (with your consent), or mailed by standard post. The summary will include an impression and recommendations. Should you have any questions or concerns regarding your treatment plan please contact the Fertility Coordinator that has been assigned to you.

### **If you have had any of the following testing, please forward the results to our office PRIOR to your visit:**

- HYSTEROSALPINGOGRAM (HSG): Films and Report. A copy of the films and radiologist's report can be obtained from the Radiology Department where your test was performed. Your referring physician does not keep the films in his/her office. It is best to hand-carry the films to our office, but if you live a distance from Albany, then have the films sent by mail. These will be returned to you at your first consultation.
- OPERATIVE REPORTS from any surgical procedure you have had performed on your abdomen and pelvis, or gynecologic organs.
- PATHOLOGY REPORTS from the above surgeries, and also from other procedures such as endometrial biopsies, miscarriages, pap smears.
- CHROMOSOMAL ANALYSIS
- SEMEN ANALYSIS REPORTS
- HORMONAL STUDIES (if done within the last year)
- BLOOD TYPE, Rh FACTOR
- IMMUNOLOGIC STUDIES

### **Please note the following**

- Please have your referring provider send records to Albany IVF. We also suggest that you have an additional copy released to yourself.
- Do not get extra medical records (your whole chart), but only the items required.
- Please send us your records BEFORE your initial visit. Please send via standard mail, fax (518-436-9822) or hand delivery.
- Your providers may not release records previously obtained from another office.

*If you have any questions regarding what records to bring, please contact us at (518) 434-9759 x 241 and ask to speak with our New Patient Coordinator.*



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## OFFICE POLICIES

### ***Email***

While the physicians may send information to you via their email account we ask that you do not "reply" with questions to their accounts, but rather direct questions to your fertility coordinator, as we have identified that our firewalls and security can prevent us from receiving reply emails. Also, in order to receive medical information via Email, we require that you sign a specific consent which you should request if it has not already been given to you.

### ***No show/No call/One business day cancellation policy:***

In the event that you do not notify us that you are unable to keep your appointment we have adopted a no-show / no-call/one business day cancellation policy in our practice. Please understand that when you do not cancel an appointment you are unable to keep in a timely fashion, it may prevent other patients from receiving care they need. Failure to notify us of cancellation of any scheduled appointment less than one full business day in advance will result in a \$30.00 charge to your account. A second incident will result in a \$50.00 charge. We will reschedule another appointment for you if you desire when no-show / no-call charges are paid in full. Continued no-show or late cancellation events may result in our inability to provide care to you and dismissal from the practice.

### ***Fragrance Free Facility***

Due to health concerns arising from exposure to scented products, Albany IVF is committed to providing a fragrance-free environment to all employees, patients and embryos. Fragrances are defined as any product that produces a scent strong enough to be perceptible by others, including but not limited to cologne, after shave lotion, perfume, perfumed hand lotion, fragranced hair products, scented oils and/or similar products. Albany IVF uses scent free cleaning agents whenever possible and asks all employees to utilize only fragrance free personal products. We ask that all patients also refrain from wearing any personal products that are scented.

### ***Financial Policy***

Albany IVF's Financial Policy is designed to help avoid misunderstandings about billing and payment for our services. Our goal is to provide the best possible medical care while also controlling administrative costs. This policy outlines patient and practice responsibilities regarding billing and payment for services.

- Our practice participates with many health insurance companies. Our billing staff will submit claims for services rendered to a patient who is a member of one of these plans. Our patients must provide all necessary insurance information and complete all required forms before leaving the office.



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- If a patient is a member of an insurance plan with which we do not participate, the patient is expected to make payment in full at the time of service; however, we will file the claim on the patient's behalf.
- It is the patient's responsibility to make payment at the time of service for any co-payment or co-insurance due. Any services not covered by a patient's insurance plan are the patient's responsibility and payment in full is expected at the time of service. Failure to make a co-payment on the day of service will result in an administrative surcharge of \$15.00.
- Payment for services can be made by cash, check, credit card or debit card. We accept all major credit cards. Albany IVF reserves the right to charge a \$20.00 fee for all returned checks.
- It is the patient's responsibility to ensure that any required authorization or referral for treatment is provided prior to the visit. In the absence of a required referral or authorization, the patient may be personally responsible for payment for the services rendered. You will also have the option to reschedule your appointment.
- It is the patient's responsibility to provide us with current insurance and demographic information and to present an active insurance card at each visit.
- Our billing team is happy to help with insurance questions relating to claims that have been filed, provide additional information the insurance carrier needed to process the claim and provide financial counseling regarding non-covered benefits. However, patients should direct questions about coverage for specific procedures to an insurance company representative. We recommend that you speak with the member services department and obtain and document the name of the representative you speak with. The phone number for member services is usually on your insurance card.

Albany IVF is willing to offer financial arrangements for those experiencing financial hardship, offering payment plans and financial arrangements if qualified. Please direct questions about financial arrangements to our Patient Service Manager.

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### ***Insurance Coverage***

Insurance carriers offer different coverage for services, almost always depending on your employer's contract with the insurance company. It is vitally important that you educate yourself regarding your individual coverage before you begin therapy. The following information is geared toward this patient group, but we hope that all patients will find the information helpful.



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Insurance coverage is quite variable in regard to fertility evaluations and treatments. We strongly urge you to contact your insurance carrier and become informed as to your specific policy coverage and exclusions.

Our list of participating providers:

- Blue Cross/Blue Shield
- Capital District Physician's Health Plan ( CDPHP)
- MVP
- New York State Empire Plan
- Tricare Remote & Prime
- BSNENY

Some insurance plans require a referral and/or preauthorization for tests, procedures or medications. **It is your responsibility to obtain the referral for yourself and your partner prior to the initial consultation.** Failure do so may result in you being responsible for full payment on the date of service. Our New patient Liaison will identify your benefits prior to your appointment. Following your initial consultation, you will have the opportunity to meet with our financial counselor to further assist you in understanding your benefits.

We appreciate that insurance issues add another dimension of stress to an already difficult process. Our practice is dedicated to assisting patients in any way possible, in an attempt to minimize the stress of therapy and is happy to communicate with your insurance provider. Feel free to contact our Patient Services Manager if you have any questions or concerns related to this aspect of your care.



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## **Patients' Bill Of Rights**

1. The patient has the right to high-quality care to be delivered in a safe, timely, efficient and cost-effective manner and the right to be assured that the expected results can be reasonably anticipated.
2. The patient has a right to dignity, respect and consideration of legitimate concerns.
3. The patient has a right to privacy and confidentiality.
4. The patient has a right to be involved in all aspects of care. Informed consent, following a discussion of risks and benefits and alternatives, should be obtained. The patient has a right to information about the current diagnosis, treatment and prognosis.
5. The patient has the right to be advised of all reasonable options and alternatives for care and treatment as well as the potential advantages and disadvantages of each. The patient will be directed to Albany IVF Fertility's IVF consent.
6. The patient has a right to refuse any diagnostic treatment and to be advised of the likely medical consequence of such a refusal.
7. The patient has a right to education to address her needs. The educational process should consider the patient's values, abilities, and readiness to learn.
8. The patient has a right to know who will be delivering care and the qualifications of such individuals. In the case of student personnel (residents/fellows), the patient has a right to know the extent to which the student personnel will be involved.
9. The patient has the right to change the practitioner if other qualified practitioners are available.
10. The patient has the right to inspect and obtain a copy of her (his) medical records.
11. In addition, the patient has the right to expect reasonable and timely transfer of information from one practitioner to another when required. Charges for copies of medical records shall not exceed the charges provided for by Section 17 of Public Health Law.
12. The patient has the right to request and receive information concerning the bill for services regardless of the source of payment.
13. The patient has the right to request and receive information about the alternate source of appropriate care.
14. The patient has the right to know about the expectations of the office-based practice with regard to her (his) behavior and the consequences of failure to comply with these expectations.



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To: Patients of Albany IVF  
From: Peter M. Horvath, M.D.  
Regarding: Nutritional Cleansing and Replenishment / The Isagenix® Corporation

Welcome to our Practice!

I have been practicing reproductive medicine since 1988 and have always supported a holistic approach to care. I have made an effort to address issues related not only to the specific reproductive or hormonal concerns that my patients present with, but to their general health and well-being, as well as to issues related to the emotional and financial aspects of negotiating the journey through an advanced reproductive services clinic.

In February 2009 I was introduced to the concept of Nutritional Cleansing and Replenishment. Our level of exposure to environmental toxicants has exploded since the industrial revolution. This plethora of toxicants has overwhelmed our ability as individuals to adequately 'detoxify' our bodies and maintain peak health. In addition to the issue of environmental toxicity is the issue of the commercialization of our food industry. Most of us eat diets which are high in calories, but low in nutrition, and virtually devoid of absorbable trace minerals. Without a daily intake of trace minerals, we are not able to absorb vitamins efficiently and cellular cleansing processes become inefficient. Further, our bodies become 'acidic' and we retain fat as a protective mechanism against intracellular damage. Taken together, increased environmental toxicant exposure combined with diminished essential nutritional intake, has manifested in an explosion in the prevalence of many diseases, and the emergence of diseases that were unheard of a half a century ago.

I am sure that you are familiar with the skyrocketing rates of hypertension, hyperlipidemia, obesity, allergies and immune-related diseases, autism spectrum disorders, chronic fatigue, mood disorders, and cancers over the last 30 years or so. The toxicant-exposure issue is pervasive and because it is largely exposure that is "in the background" of our daily lives, is silent. Work on the issue of toxicant exposure can be found by viewing this video segment presented by Mr. Ken Cook of the Environmental Working Group based in Washington, DC:

<http://www.tides.org/momentum/2008/videos/cook/index.html?0>



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While we cannot prevent environmental toxicant exposure, we can address the nutrition part of the problem. The Isagenix® product line is a simple-to-use nutritional cleansing & replenishment program that simplifies the complexities of the nutrition science behind cleansing, and of deciding which nutritionals are in need of replenishment. The product line is marketed on a referral-basis, and is associated with a home-based business opportunity (word-of-mouth marketing).

It is likely that you will hear about this program during your care at Albany IVF because of the pervasive nature of the problems as outlined above, and because proper nutrition undergirds efficient physiologic functioning in all areas of health.

Because of the business nature of Isagenix® marketing, we have been advised that we should obtain an acknowledgement and release form from our patients that explains the intent of our making you aware of the product line, and that delineates that your decision to investigate or utilize these products is solely discretionary.

Should you have any questions related to Isagenix® products please direct them directly to myself and not to Albany IVF staff, as not all staff members are knowledgeable about the product line, nor about effective nutritional cleanse coaching.

My personal contact information:

Email: [pmhorvath@gmail.com](mailto:pmhorvath@gmail.com) or mobile phone: 518-365-5994.

I wish you the best of success in your health and reproductive goals and I and the team at Albany IVF look forward to working with you.

Cordially,

Peter M. Horvath, M.D.  
Founder and Owner

PMH/pmh



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## ACKNOWLEDGEMENT AND RELEASE

1. I acknowledge that I have received and have read the cover letter regarding Isagenix products written by Dr. Horvath.
2. I understand that I may hear about nutritional cleansing and replenishment as well as other holistic approaches to health maximization during my tenure as a patient at Albany IVF., and that I may voluntarily request additional information regarding nutritional cleansing and replenishment directly from Dr. Horvath who has provided his personal contact information in the cover letter. I further acknowledge and agree that, although I may in the future discuss Isagenix products with Dr. Horvath or other clinical staff at Albany IVF, my request for information is entirely voluntary. I further acknowledge my understanding that I cannot purchase Isagenix products directly from Albany IVF and any purchase I may make of Isagenix products must be made directly between me and Isagenix or a distributor of Isagenix products.
3. I confirm that I am aware that there may be other similar products available in the market and it is my choice to explore such options. I acknowledge that I am aware that my physician has financial relationship with Isagenix.
4. I acknowledge my understanding that any decision that I may make regarding purchase or use of Isagenix products is completely independent of, and unrelated to, care and treatment I may receive at Albany IVF.
5. I acknowledge and agree that, except as otherwise noted herein, Albany IVF has no relationship or affiliation with Isagenix and is not responsible or liable for products sold or marketed by Isagenix. I irrevocably release Albany IVF and its employees, physicians and agents from any and all claims or causes of action that I may now, or in the future have, arising in connection with my inquiries about, or purchase of, Isagenix products.
6. I acknowledge that I understand this form and any questions I may have had regarding the information contained herein has been answered to my satisfaction.

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Print Patient Name

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Patient Signature

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Date