
 Stanford Children's Health 	Approval Date: November 2019	Last Revision Date: November 2019
	Approved by:	
Departments Affected: Fertility Clinic		
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Name of Policy: Fertility - Uninsured/Cash Pay or Underinsured Discount		

I. POLICY STATEMENT

Stanford Children’s Health (SCH) is committed to consistently providing a fair discount to individuals who are Uninsured/Cash Pay or Underinsured, in some cases, insured but without insurance coverage for certain medically necessary healthcare services, particularly to Fertility Services offered by Stanford Children’s Health. This policy is for Fertility services only provided at SCH Fertility Clinic and any services provided by SCH fertility providers.

The Policy establishes the guidelines for an Uninsured/Cash Pay or Underinsured for Fertility Service who do not have fertility benefit under their medical plan. Discount may be offered to patients residing in the United States or internationally for fertility services provided by SCH as long as the patient meet the guideline set forth on this policy

II. DEFINITIONS

A. UNINSURED/CASH PAY

1. Patient who do not have any insurance coverage
2. Patient who has coverage/medical insurance but no fertility benefits under this plan

B. UNDERINSURED PATIENT

1. Patient who has fertility coverage but has maxed out their fertility benefit
2. Patient who do not have enough fertility benefits under their fertility benefit or who has limited benefit to cover the patient’s fertility treatment plan
3. Patient who has fertility benefits but some services are not covered under their plan

III. PROCESS


A. UNINSURED/CASH PAY OR UNDERINSURED PATIENT DISCOUNT – GUIDELINES

1. Discount amount for patients eligible to receive the Uninsured/Cash Pay or Underinsured Discount is 35% (thirty-five percent).



Note: This discount cannot be combined with any other discount. This discount excludes any patients who have been approved or qualify for a greater discount than the Uninsured/Cash Pa or Underinsured Discount.

2. Uninsured/Cash Pay or Underinsured Discount Patient Eligibility Requirements:

- a. SCH shall provide the Uninsured/Cash Pay or Underinsured Patient Discount to those individuals who meet the definition set forth below and who attest to their eligibility.

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- b. Any patient who receive services at the SCH Fertility Clinic and SCH providers may be screened if qualified for the stated discount.
 - c. An Uninsured/Cash Pay or Underinsured Patient for the purposes of this Policy who may request or will qualify for this discount is an individual who is either (a) or (b):
The term “patient” means:
 - (1) A person who received or receiving fertility services at SCH Fertility Clinic
 - (2) A guarantor for a fertility patient under the age of 18
 - 3. Information To Be Provided by Patient for Eligibility Determination:
 - a. SCH shall determine eligibility for the Uninsured/Cash Pay or Underinsured Patient Discount in accordance with this Policy, and shall not take into account an individual’s age, gender, race, immigrant status, sexual orientation or religious affiliation.
 - b. LPCH expects a patient to cooperate fully in the information gathering process under this Policy, and failure to do so may affect the hospital’s ability to provide the Uninsured/Cash Pay or Underinsured Patient Discount.
 - c. EXCLUSIONS: Any fertility services provided outside Stanford Children’s Health (SCH) Fertility Clinic are NOT included under this policy, which generally consist of laboratory tests sent out to an outside laboratory for processing and handling.
- B. Compliance
- 1. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SCH are responsible for ensuring that individuals comply with this policy;
 - 2. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

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IV. DOCUMENT INFORMATION

A. References

Reference	Level of Evidence	Review Date [SS1]
None specified		

B. Author/Original Date

M. Madrigal, 8/18

C. Distribution and Training Requirements

This policy resides in the Administrative Care Manual of Lucile Packard Children's Hospital Stanford.

D. Review and Renewal Requirements

This policy will be reviewed and/or revised every three years or as required by change of law or practice.

E. Review and Revision History

M-A. Browne, M. Komrowski, O. Lopez, Z. Xu, M. Madrigal, 9/18

M-A. Browne, 11/19

F. Approvals

Board of Directors – Finance Committee, 9/18

Director of Revenue Cycle – Shawn Tienken and Andrew Ray, 9/18

Sunnyvale Site Director – Misty Komrowski, 9/18

Associate CMO for Accountable Care – Michael-Anne Browne, MD, 9/18

Associate CMO for Accountable Care – Michael-Anne Browne, MD, 11/19

Director of Revenue Cycle – Shawn Tienken and Andrew Ray, 11/19

Fertility Director – Monica Mayberry, 11/19

Board of Directors – Finance Committee, 11/19

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