



143 Parrot Lane
Simi Valley, CA 93065
Ph: (805) 578-7000 Fx: (805) 578-7004
www.rialab.com

RIA PATIENT REGISTRATION

Date: _____

Name: Last _____ First _____

Address: Street _____

City _____ State _____ Zip Code _____

Telephone: Day () _____ Evening () _____

Birth Date: _____

Driver's License: _____ SSN: _____

Occupation: _____ Employer: _____

Referred By: _____

Name of Spouse: Last _____ First: _____

Birth Date: _____

Driver's License: _____ SSN: _____

Occupation: _____ Employer: _____

COLLECTION POLICY

Reproductive Immunology Associates has no contractual agreement with any insurance company; therefore, payment is expected and appreciated at the time the service is rendered. Cash, check, VISA, Mastercard, American Express and Discover are accepted. You will receive a copy of the super-bill that reflects all diagnostic and procedure codes, and their respective charges. This can be attached directly to your insurance form for consideration for reimbursement. No refunds will be issued once specimen processing has commenced.

Patient Signature: _____

INFECTIOUS DISEASES TESTING

All couples requiring immunotherapy are required to undergo comprehensive infectious diseases panel (HIV 1&2; HTLV I/II; Hepatitis A, B, C; VDRL/RPR, others) prior to receiving treatment. ID panels must be 3 months current without exception, and must be repeated every 3 to 4 months or sooner, pending the clinical situation while being treated. Patients are also required to have their blood type and Rh determined.

Patient Signature: _____

CONSULTATION FEE

There is a \$300 non-refundable charge for the consultation that will be charged to your credit card when the appointment is made regardless of cancellation. (You can reschedule the appointment up to two times when a 48-hour notice is provided.)

Name (Print): _____

Address: _____

Telephone: _____ Fax: _____

Date of Appointment: _____

Time of Appointment (Pacific Standard Time): _____

Credit Card Type (Circle One): MasterCard Visa Discover
 American Express Diner's Club

Credit Card Number: _____ Exp: _____

Signature: _____

Date: _____