



29525 Canwood Street, Suit 205  
Agoura Hills, CA 91301  
(818) 781-5195 fax: (818) 781-5197  
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: \_\_\_\_\_

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Name of Spouse: Last \_\_\_\_\_ First: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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### 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: \_\_\_\_\_

