



6850 Sepulveda Boulevard, Suite 210
Van Nuys, California 91405
(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: _____

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: _____

