Authorization & Financial Responsibility

Authorization/Patient Confirmation Statement

What Is a Patient Confirmation Statement (Authorization) and Why Do I Need It?

A Patient Confirmation Statement (authorization) is a document that confirms your Progyny coverage for a specific treatment. The best way to prevent errors or delays in treatment is to request an authorization before your first appointment and again before you begin each treatment cycle. Progyny sends an authorization to your clinic confirming coverage for your treatment, which helps to ensure an error-free billing process.

Contact your dedicated PCA when you schedule an initial consultation or treatment cycle so that an authorization is generated prior to your appointment. Your PCA will obtain the authorization, providing you with a seamless experience. Obtaining an authorization prior to treatment ensures that you are eligible for services and that you understand the treatment plan indicated by your doctor. Once your authorization is complete, you will receive a Patient Confirmation Statement. The Patient Confirmation Statement works in place of a Progyny ID card and includes your Progyny member ID number, the dates that your authorization is valid, and the procedure codes to be used by the clinic. Although your clinic will receive a copy of your statement automatically, we recommend printing a copy and bringing it with you to your appointment to make sure your clinic has the correct information listed in your account.

During your initial consultation you may be asked to get blood work done at a lab outside of the clinic where you are receiving treatment. A list of in-network laboratory partners can be found at progyny.com/labs. Please bring a copy of your Patient Confirmation Statement with you as it has all the necessary information for the lab to bill Progyny. Please note, this is the ONLY time blood work performed outside of your clinic will be covered by Progyny. Once treatment begins, all lab draws must take place at your clinic.

If you choose to pursue preimplantation genetic testing on your embryos, share a copy of your Patient Confirmation Statement with the genetic lab performing the testing so that they can bill Progyny directly. On this statement you will find the list of in-network reference labs, preconception carrier screening labs, and preimplantation genetic testing labs for this genetic testing, as well as contact information for your specialty pharmacy.

Authorizations for initial consultations are valid for 90 days. Authorizations for treatment are valid for 60 days. The authorization alone is not a guarantee of coverage. You must also be active on an eligible medical plan on the date of service reported by your fertility provider, and this date of service must be within the valid date range of your authorization for coverage to apply.

Understanding Your Financial Responsibility

Why Am I Getting a Bill from Progyny?

Progyny works in conjunction with your medical plan to administer your Progyny fertility benefit. As a result, your member financial responsibility—which may include deductible, coinsurance, copayment, and/or out-of-pocket maximum, depending on your medical plan—cross accumulates and is applied to your fertility treatment in the same way a surgery or treatment for a broken bone would be.

Insurance Terminology

Insurance terminology can be confusing, so here's the best way to think about it:

- Your **premium** is the amount deducted from your pay for your medical coverage. There is no additional premium through Progyny.

- At the start of each plan year, you will pay out-of-pocket for all medical services (including fertility services) until you reach your **deductible**.

- You and your medical plan both pay a percentage of your **covered** healthcare services, once you've reached your deductible. This is called **coinsurance**.

- You are/may also be responsible for a **copayment**, which is a flat fee for certain services or prescriptions, determined by your medical plan.

- You and your medical plan continue to split the costs of your covered healthcare services until you reach your **out-of-pocket maximum.**

- Then, 100% of the costs of your covered Progyny services will be paid for the rest of the plan year.

During your fertility treatment, you must list Progyny as your medical plan to avoid significant billing issues and financial responsibility on your part. Your clinic will submit a claim directly to Progyny for payment. Progyny, in turn, submits the claim to your medical plan to be processed and your financial responsibility is applied as applicable. You will receive an invoice from Progyny reflecting this amount. Please note, although your services are typically authorized as a treatment bundle, you may receive several invoices related to your treatment. When you receive your Progyny invoice, you can submit payment by mailing a check to the address on your invoice, by credit card, over the phone, via the member portal, or at progyny.com/payment.

Timely Filing

Timely filing is the timeframe within which a claim must be submitted to your insurance carrier. Your timely filing limit is determined by your carrier and is based on the date of service rendered. The date of service is determined by the clinic.

Progyny is unable to authorize a service, reimburse for covered services, or submit a claim for processing that is past the timely filing date. If a claim is submitted for processing after the specified timely filing date, the claim will be denied by your carrier. This pertains to any service that requires a claim to be processed, including reimbursements.

Contact your PCA if you have any questions regarding your carrier's timely filing limit.

Note: You should never receive an invoice from the clinic or pay the clinic directly for services covered by Progyny. You should only receive an invoice from Progyny once the treatment is complete and the claim has been processed to determine your financial responsibility. If you are asked to pay at the clinic or receive an invoice from the clinic, please contact your PCA.