

REPRODUCTIVE BIOLOGY LABORATORY / PACIFIC IVF

1319 Punahou Street, Suite 829
Honolulu, HI 96826

Thomas Huang, Jr., Ph.D.
Laboratory Director

Semen Analysis Insurance Information

Payment is due at the time the service is rendered. You will be reimbursed if any portion of your fee is covered by your insurance carrier.

Doctor or clinic requesting this semen analysis: _____

Patient Name (Last, First, MI): _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Number: _____

Medical Insurance Plan (circle one): HMSA HMA HMAA KAISER UHA BCBS Other: _____

Subscriber Name: _____ Relationship to Patient: _____

Membership Number: _____ Subscriber Date of Birth: _____

Secondary Medical Insurance (if applicable, circle one): HMSA HMA HMAA KAISER UHA BCBS Other: _____

Subscriber Name: _____ Relationship to Patient: _____

Membership Number: _____ Subscriber Date of Birth: _____

Signature of Patient: _____ Date of Service: _____

LABORATORY USE ONLY

PURPOSE OF THIS SEMEN ANALYSIS

- N46.9** Male Infertility (606.9)
- Z31.83** In vitro fertilization (V26.89)

METHOD OF PAYMENT

- _____ Cash (circle one): \$20.00 \$80.00
- _____ Check (circle one): \$20.00 \$80.00
- _____ Cr. card (circle one): \$20.00 \$80.00
- _____ Pay IVF (no payment collected at lab)