



Affix Patient Label

Patient Name:

Date of Birth:

Contraceptive Device Payment Agreement

You and your provider have agreed that you are a candidate for Intrauterine Contraceptive Device (IUD) or Drug Implant Device that will provide contraceptive protection. Some insurance plans do not cover this type of contraception or this may not be a covered benefit of your employer.

Charges for: Mirena IUD \$860, Kyleena IUD \$860, Paraguard IUD \$784, Skyla IUD \$715. The charge of the IUD insertion is \$290.

Nexplanon (Implantable device) \$818. The Nexplanon insertion charge is \$223.

We will bill your insurance company for this service. In the event your insurance company does not cover this service for one of the above reasons, you will be billed for this service.

PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN AND DATE YOUR CHOICE

Option 1. YES. I want to receive these items or services.

I understand that my insurance will not decide whether to pay unless I receive these items or services. Please submit my claim to my insurance. If my insurance denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have.

Sign: _____ Date: _____

Option 2. No. I have decided not to receive these items or services.

I will not receive these items or services. I understand that you will not be able to submit a claim to my insurance.

Sign: _____ Date: _____

Option 3. I plan to check with my insurance company as to the coverage of this contraception.

A. When contacting your insurance, please have this information ready:

1. Insurance card with ID numbers.
2. IUD insertion procedure code (CPT) 58300.
3. Mirena IUD Contraceptive Device (HCPCS) J7298.
4. Paraguard IUD Contraceptive Device (HCPCS) J7300.
5. Skyla IUD Contraceptive Device (HCPCS) J7301.
6. Kyleena IUD Contraceptive Device Q9984.
7. NDC Code 50419-421-01.
8. Diagnosis code (ICD-10) Z30.430 for contraceptive reasons or birth control.
9. Diagnosis code (ICD-10) medical reason (i.e. bleeding) check with your provider.
10. Nexplanon Implantable Contraceptive Device (HCPCS) J7307. Drug implant device insertion code (CPT) 11981.

B. Contact your employer to assure that you have contraceptive coverage through your health plan.

Sign: _____ Date: _____

Patient Signature: _____ Date: _____ Time: _____