



Stanford
MEDICINE

Fertility and
Reproductive Health

Insurance Information:

Prior to your appointment we call to verify what your plan covers for Infertility. Insurance plans vary so we ask that you please contact your insurance company to ensure your understanding of your individual benefits.

Please provide us with the following information or attach a copy of the front and back of your insurance card.

Self:

Employer: _____

Insurance Company: _____

Primary subscriber: _____

Primary Subscriber Date of Birth: _____

Subscriber ID#: _____

HMO/PPO/EPO/OTHER: Please circle

Group#: _____

Pharmacy Name/Location: _____

Do you have a secondary insurance carrier: YES / NO

Spouse/Partner:

Employer: _____

Insurance Company: _____

Primary subscriber: _____

Primary Subscriber Date of Birth: _____

Subscriber ID#: _____

HMO/PPO/EPO/OTHER: Please circle

Group#: _____

Do you have a secondary insurance carrier: YES / NO