



ALL WOMEN OB/GYN

Nexplanon® / Implanon
BENEFITS & PAYMENT POLICY

PATIENT NAME: _____ DOB _____

This information is for patients desiring to have the Nexplanon®/Implanon placed.

- 1) Your insurance company will be billed **\$775.00 for the cost of the device** as recommended by the manufacturer. We **do** ask for a credit/debit card number to hold in the event of a denial by your insurance company. This will not be used unless there is a denial from your insurance company. ***In the case that your insurance company does not reimburse us for the actual cost of the device you will be responsible for any balance remaining.***
- 2) **The \$250.00 charge for the insertion**: will be discounted per your insurance contract with only the co-pay or deductible applied to the patient's cost.
- 3) **Follow-up charge of \$ 80.00** does require a co-pay. This visit is to assure proper placement of the device for optimum effectiveness.
- 4) **Removal of Nexplanon®/Implanon charge of \$ 275.00**: There would be a co-pay for this service.
- 6) **Removal of Nexplanon®/Implanon charge of \$ 275.00 & charge of \$ 250.00 for Re-insertion of new Nexplanon®/Implanon in addition to cost of new device \$775.00**: These charges would occur if you were having a removal and re-insertion done. A co-pay would be due for the office visit; your insurance company may apply this to a deductible.
- 7) **Restocking Fee of \$50** should you change your mind or fail to schedule within 90 days of ordering. This covers administrative costs involved when device not used.

Your signature below implies understanding and compliance with this policy:

(Please print patient name)

Patient Signature

Date

/Consent forms/
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