Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics

Sweet Sliding Scale Program Financial Application

Confidential Patient Financial Assistance Form

Eligibility Criteria:

You may apply to the **Sweet Sliding Scale Program (SSSP)** if all the following are true:

- The female patient must be 25-38 years old.
- There are no more than three family members in your household.
- You do not receive Medicaid or Medicare
- You do not have IVF insurance coverage.
- You are willing to provide income documents.
- The female patient has a Body Mass Index (BMI) of 38 or less.
- **Specialists in Reproductive Medicine & Surgery, P.A., (SRMS)** conclude that
    - IVF is medically appropriate, and
    - The estimated delivery rate is at least 35% with a single-embryo transfer, based on national data (SART.org) database and SRMS experience.

Household & Income Information:

Field	Your Response	SRMS Notations
Total number of people living in the home:		≤ 3, ☐Yes ☐No
Total yearly household income:		Within limits, ☐Yes ☐No

Female Patient Information:

Field	Your Response	SRMS Notations
Female Partner Name:		
Date of Birth (MM/DD/YYYY):		
Age:		25-38 y.o: ☐Yes ☐No
Height:		
Weight:		Calculated BMI:
Street Address:		
City, State, Zip:		
County of Residence:		FL Resident: ☐Yes ☐No

Best Phone Number:		
Email Address:		
Insurance Provider (if any):		
Policy Number:		
Group Number:		IVF Coverage: ☐Yes ☐No
Gross Annual Income:		

Partner Patient Information (if applicable):

Field	Your Response	SRMS Notations
Partner Name (if applicable):		
Date of Birth (MM/DD/YYYY):		
Age:		
Best Phone Number:		
Email Address:		
Insurance Provider (if any):		
Policy Number:		
Group Number:		IVF Coverage: ☐Yes ☐No
Gross Annual Income:		

Important to Understand:

By applying, you understand that:

- Testing and visits before IVF are not included.
- IVF medications are not included.
- Cancelled cycles are adjusted fairly based on services completed.
- The SSSP cycle ends after the first pregnancy blood test.
- Pregnancy ultrasounds are not included.
- The SSSP does not include storage of the extra frozen embryos.
- SRMS may limit the number of SSSP cycles each month.
- Patients are eligible for two SSSP cycles in their lifetime.

Authorization and Agreement:

I/We certify that the information provided in this application is accurate and complete. I/We authorize **SRMS** to verify any information provided and to contact my insurance provider as needed.

I/We understand that submission of false or incomplete information may result in denial of financial assistance or future eligibility.

_____	_____	___/___/___
Patient's Signature	Patient's Name (print)	Date
_____	_____	___/___/___
Partner's Signature (when applicable)	Partner's Name (print when applicable)	Date
_____	_____	___/___/___
SRMS Representative Signature	SRMS Representative Name (print)	Date

Submitting Your Application:

Please submit your completed application and required documents to:

Specialists in Reproductive Medicine & Surgery, P.A.
Attn: Practice Administrator
12611 World Plaza Lane, Bldg 53
Fort Myers, FL 33907

Discount@DreamABaby.com
Phone: 239-275-8118
Fax: 239-275-5914

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