



# Fertility Client Services

## Fee Sheet

|  |   |
|--|---|
| Introductory Session.....              | \$60.00                                     |
| Initial Materials.....                 | <i>included in Introductory session fee</i> |
| ————→ <i>After first year</i> .....    | \$15.00                                     |
|  | <i>Per Year</i>                             |
| Follow Ups                             |   |
| ————→ <i>Per follow up</i> .....       | \$60.00                                     |
| ————→ <i>4 follow up package</i> ..... | \$225.00                                    |
| ————→ <i>8 follow up package</i> ..... | \$440.00                                    |
| Chart Review.....                      | \$30.00                                     |
| Long Term Follow Ups.....              | \$40.00                                     |

*Checks, Cash, and Cards are acceptable forms of payment. Make Checks payable to:  
Guiding Star Cedar Valley Fertility (\$25.00 fee for returned checks)*

### Details:

- Fees are due **before** the time of service. A late charge of \$5.00 will be added unless arrangements have been made in advance.
- 24 hour notification is required to change or cancel follow up appointments otherwise a \$25.00 fee shall be assessed.
- Method effectiveness depends on keeping to the scheduled follow up routine.
- Scholarships are available for those who find the fees burdensome and can be attained through an application process that is based on household income. You can ask your fertility care practitioner for the application.

\_\_\_\_\_

I have read the fee sheet and understand its contents and discussed this with my practitioner.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Fertility Client Contract

If you wish to receive instruction in the Creighton Model Fertility Care System please sign below after you have read this form and understand its contents.

The instruction you will receive is in the Creighton Model Fertility Care system only, to the exclusion of any and all other methods. Your participation in this instruction is completely voluntary and you may discontinue your participation at any time by notifying your practitioner in writing. If you paid in full or for half of the sessions, there will be no refund issued.

The Creighton Model Fertility Care System of family planning is not represented to be 100% effective.

Your method instructions will be given to you on the back of your chart. If your intention for using the method to avoid a pregnancy and you choose to ignore or change those instructions, you are choosing a less effective means to avoiding a pregnancy and choosing a more effective means of achieving a pregnancy. You may request clarification of any instructions from your practitioner at any time.

The general follow up schedule is as follows:

- Follow up 1, 2, 3, 4 are 2 weeks apart
- Follow up 5 is one month from last follow up
- Follow up 6, 7, 8 is three months from last follow ups

Some reproductive categories and gynecological situations call for chart reviews between regular follow ups. After completing all 8 follow ups- once a year chart reviews will be suggested to keep up to date on any changes and receive new charting materials.

I have read and agree to the terms of the fee schedule presented to me at first appointment.

Fertility Appreciation is the foundation of the Creighton Model Fertility Care System. It accepts fertility as a normal and healthy process which is a precious gift- a gift to be loved, respected and wisely used.

The quality control of this method requires that a Pregnancy Evaluation be conducted on all pregnancies whether planned or unplanned and are conducted at no cost to you. Please contact your FCP if you have achieved a pregnancy for your complementary pregnancy evaluation.

By signing this contract and taking the client materials you are agreeing to continue with regular scheduled follow ups provided by your Fertility Care Practitioner. *If you choose to not continue with regular follow ups, you agree to return all charting materials and User Manual to Guiding Star Cedar Valley.*

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_