

TUBAL STERILIZATION REVERSAL

Tubal sterilization reversal is considered major surgery. The surgeon cuts away the damaged portion of the tube and delicately sews the two ends back together under a microscope (microsurgical reanastomosis).

via LAPAROTOMY (Performed by Dr. Lee)		via LAPAROSCOPY (Performed by Dr. Lee only and he will determine eligibility at the patient consultation appointment.)	
Success Rate*	60-90%	Success Rate*	60-90%
Length of Surgery	Approx. 2-3 hours	Length of Surgery	Approx. 8-hours
Hospital Stay	Usually 3-days, 2 nights	Hospital Stay	Possibly 1-night
Return to work in	10-days to 2-weeks	Return to work in	1-week
Activity Limitation Period	Up to 6-weeks	Activity Limitation Period	Up to 2-weeks
Fee under Microsurgery Flat Fee Program (see details below)	\$9,155	Fee under Microsurgery Flat Fee Program (see details below)	\$12,568
* Dependant on method of sterilization done and length of tube remaining.			

MICROSURGERY FLAT FEE PROGRAM: The major costs can be prepaid at the discounted charge mentioned above if paid in-full three weeks prior to surgery.

Fees covered include:

- Hospital charges
- Surgeon's fee
- Anesthesiologist's fee

Additional fees not covered include:

- Your initial consultation appointment.
- Any preoperative clinical laboratory fees and pathology fees, if applicable.

Details are described in the Flat Fee contract you receive when scheduling your surgery. As this procedure is considered elective surgery, there are no hospital-sponsored time payment plans. Some credit unions and banks make loans for medical procedures. The hospital also accepts VISA, MasterCard, checks and cash payments.

To schedule a consultation appointment, please call (503) 418-3700, between 8 a.m. and 4:30 p.m., Monday-Friday. You are asked to bring a copy of the operation notes and, if applicable, Pathology Report of your tubal ligation to your initial consultation with the infertility surgeon for review. If the infertility surgeon determines the tube length is insufficient for reversal, then *In Vitro* Fertilization (IVF) is an option.

Thank you for your interest in tubal sterilization reversal surgery at Oregon Health & Science University Hospital.

REPRODUCTIVE ENDOCRINOLOGY MICROSURGERY

FLAT FEE PROGRAM

► Tubal Sterilization Reversal ◀

PREPAYMENT FOR SURGERY - SCHEDULE & GUIDELINES

Patient's Name: _____

Today's Date:	Surgery Date:	Payment Due By:
----------------------	----------------------	------------------------

Attached is information for the *Reproductive Endocrinology Microsurgery Flat Fee Program*. This program requires advance payment and was designed by calculating usual and customary costs associated with these procedures only.

Prepayment for the Flat Fee Program is required *no later than three full weeks prior to your surgery date*.

If payment will be made by check, please write three separate checks payable to the following and in the following amounts. Mail or bring these three checks plus the attached Flat Fee Program sheet (signed and dated) to FERTILITY CONSULTANTS, Center for Health & Healing CH10F, 3303 SW Bond Avenue, Portland, OR 97239-4501.		
If via LAPAROTOMY*	1. Fertility Consultants	\$ 1,750
	2. University Anesthesia Associates	1,050
	3. University Hospital and Clinics	6,355
	TOTAL	\$ 9,155
If via LAPAROSCOPY*	1. Fertility Consultants	\$ 2,800
	2. University Anesthesia Associates	1,800
	3. University Hospital and Clinics	7,968
	TOTAL	\$12,568
* SEPARATE CHARGES MAY BE INCURRED. All laboratory work (patient and partner) and presurgery workup are separate fees from the Flat Fee. You will be billed for these expenses separately. In addition, you may receive a separate billing from the Pathology Department after surgery. This is incurred if any material from surgery is sent to Pathology for evaluation.		

If you have any questions regarding this information or billing, please contact our Billing Coordinator at (503) 418-3712. Thank you.

OREGON HEALTH & SCIENCE UNIVERSITY HOSPITAL FLAT FEE PROGRAM	Patient Name:
Reproductive Endocrinology Microsurgery ▼ Tubal Reversal Surgery	Medical Record No

Eligibility guidelines require that certain, established criteria be met by each participant prior to surgery, during surgery and after surgery. The conditions that would exclude a patient from the program are listed below:

Participant Guidelines

- Participant must be healthy, with no medical complications.
- Participant must arrive at least two-hours prior to the scheduled time of surgery

Intraoperative Guidelines

- The surgical procedures must be confined to pelvic reproductive operations, tubal reanastomosis, lysis of adhesions, fimbrioplasty, uterine suspension, incidental myomectomy, salpingectomy and salpingo-oophorectomy or related adjunctive procedures.
- Development of intraoperative complications may cancel eligibility for the Flat Fee Program.

Hospital Stay Guidelines

- Hospitalization shall not exceed four days.
- If post-operative complications occur which require a hospital stay beyond the Flat Fee Program limits, the Flat Fee amount will not apply and the admission will be billed at customary rates.

Financial Guidelines

- The patient consultation office visit with the reproductive surgeon is a fee separate from the Reproductive Endocrinology Microsurgery Flat Fee. The fee is payable at the time of consultation. All laboratory work (patient and partner) and pre-surgery workup are separate fees from the Flat Fee.
- Participant must pay the full Flat Fee no later than three full weeks prior to the procedure.
- The Flat Fee for Reproductive Endocrinology Microsurgery includes:

via LAPAROTOMY		via LAPAROSCOPY	
Hospital	\$6,355	Hospital	\$ 7,968
Surgeon's Fee	1,750	Surgeon's Fee	2,800
Anesthesiologist's Fee	1,050	Anesthesiologist's Fee	1,800
TOTAL	\$9,155	TOTAL	\$12,568

- If, after investigation, insurance coverage exists and insurance payment is received by University Hospital for this service, the following financial conditions will apply:
 - If insurance payment is greater than the Flat Fee, University Hospital will refund the Flat Fee payment to the patient.
 - If insurance payment is less than the Flat Fee, University Hospital will refund the insurance payment to the patient.

I have read the eligibility guidelines above and understand the eligibility requirements. I agree to the Reproductive Endocrinology Microsurgery Flat Fee Program terms and conditions.

Patient Signature: _____

Date: _____