



Specialty Supplemental Application – Fertility Clinic

IMPORTANT NOTICE

This is a SUPPLEMENT to an MIEC application. This document alone is insufficient to apply for and be approved for coverage with MIEC. Be sure to submit this along with your complete signed and dated MIEC application.

APPLICANT

Entity or Last name, first name

FERTILITY CLINIC

ANSWERS A-K

- A. How many retrieval and cryopreservation cycles are performed annually in the lab?
B. How many are egg retrievals solely for cryopreservation of at least 12 months?
C. Do you allow physicians who are NOT owners/members/shareholders of the fertility clinic to utilize the lab facilities, storage facilities or other services?
D. Do you require physicians providing services at the facility to maintain their own SEPARATE professional liability insurance?
E. Are the credentials of each physician reviewed by a medical staff committee and approved by the governing body prior to granting privileges?
F. Are peer review and quality improvement review conducted for all physicians and licensed independent practitioners?
G. Does the lab employ a Director?
H. Do you have written policies and procedures that address (check all that apply)
I. Do you maintain any of the following resuscitative equipment?
J. Is the clinic licensed?
K. Has the facility/operational license ever been revoked, suspended or voluntarily surrendered?

- L. Is the clinic accredited? Yes No
If yes, by whom? (check all that apply) JCAHO AAAHC AAAASF CAP Other: _____
- M. Does the lab participate in a safety and/or quality assurance program? Yes No
- N. Does the lab comply with ASRM (American Society of Reproductive Medicine) guidelines? Yes No
- O. Does the lab undergo periodic inspection by a licensing agency? Yes No How often? _____
- P. Does the lab follow a split sample protocol for storage of biological material? Yes No
- Q. What is the length of time specific biologic materials are stored? _____
- R. What types of tanks are used for storage of biologic materials? _____
 How many tanks are used for the storage? _____
 What is the age of each tank currently in use? _____
 Is each tank under warranty? Yes No
 How often are tanks replaced? _____
 Is routine maintenance performed and documented? Yes No
- S. What monitoring systems are in place to ensure proper tank operation and warn of malfunctions? _____
 Is each system under warranty? Yes No
 How often are monitoring systems replaced? _____
 Is routine maintenance performed and documented? Yes No
- T. What emergency back-up systems are in place for storage or any other equipment malfunction?

- U. What other types and limits of insurance coverage does the lab carry that is applicable to the storage process?

SIGNATURE

SIGNATURE

Signature

Date