

Health Insurance



Concept
Fertility
Centre

In general, most of the medical and laboratory costs are covered by Medicare and only the costs related to your hospital stay are covered by your health insurance. These include the costs associated with the Operating Theatre and Bed/Chair usage.

The most important information about health insurance and its relation to infertility tests and treatments is that you should **"shop around", and compare different costs, requirements and payments.** There is considerable variation between the funds and they also tend to change fairly often. Most Health Insurance Funds have Agreements with Concept Fertility Centre ensuring that Concept patients do not have to pay any extra for their hospital costs.

You are able to swap between Funds without any penalty so make sure you are in your preferred Fund before commencing treatment. See recommended fund fee schedule.

It is very important to check out the rule about pre-existing conditions. Most private health insurance funds have a twelve month "pre-existing rule", which means that benefits will not be paid during the first year of membership for treatment of conditions which were known to have existed before joining the fund. Most of the major funds specify infertility and IVF treatment in their pre-existing conditions rules.

Most health insurance funds apply a waiting period of three months before paying benefits for ART treatment. This includes antenatal treatment, confinement and neonatal services for a child born by IVF.

It is possible to take out a Singles coverage if the woman only is being treated. The difficulty may arise if a pregnancy is achieved and the resulting baby is also in need of private insurance. Most couples take out family rate health insurance to cover this problem.

The actual table and rate you require will depend on whether you will be in a private hospital or a public hospital with intermediate rates. When you do choose the table you want, remember that the aim of the treatment is pregnancy and that you may wish to have a higher cover for obstetric care.

In IVF treatment, there is no rebate from your Health Fund for the out-of-pocket costs, not covered by Medicare relating to nursing and technical services.

The non-rebatable costs are often the most expensive ones so it is important to ask your doctor and patient co-ordinator specific details about the required fees.



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