TUFTS Health Plan

Infertility Treatment Summary Form

Please fax the completed form to the applicable plan listed below:

- Tufts Health Plan Commercial Plans; Fax: 617.972.9409
- Tufts Health Public Plans Plans; Fax: 888.415.9055

1. Member Name:	2. DOB:	3. Member ID #:

DATE	PROCEDURE[1]	CYCLE #	IVF CENTER	STIMULATION # OF AMPS	PEAK E2	# EGGS RETRIEVED	# EGGS FERTILIZED	EMBRYO QUALITY[2]	# EMBRYOS TRANSFERRED	# EMBRYOS CRYO	Beta HCG

[1] Key for Procedure Type: 1: IVF/Fresh Cycle, 2: IVF/FET, 3: IVF/with ICSI, 4: IVF/with donor sperm, 5: FSH/IUI, 6: CC/IUI, 7: IUI with donor sperm 8: Donor Egg Cycle
[2] For Embryo Quality, include # cells and fragmentation