



# ORM FERTILITY

## Psychology Outside Monitoring Order (Non-ORM Patients)

<b>Patient Name:</b>	<b>Patient Date of Birth:</b>
<b>Patient Address (Street, City, State, and Zip):</b>	<b>Patient Mobile:</b>
<b>Patient Email:</b>	<b>Patient Sex(+ Gender Identity, if different):</b>
<b>Ordering Clinic/Physician/Agency:</b> <input type="checkbox"/> Self-referral	<b>Referral Contact Name:</b>
<b>Referral Phone + Email:</b>	<b>Order Date:</b>

**Appointment Location:**  **Portland (808 SW 15<sup>th</sup> Ave)**  **Bellevue (1370 116<sup>th</sup> Ave, NE, Ste 100)**

### Monitor Type (Non- ORM Patients):

- New Egg Donor Candidate Evaluation (~\$525)
- Updated Egg Donor Candidate Evaluation [< 5 years] (~\$350)
- Updated Egg Donor Candidate Evaluation [> 5 years] (~\$525)
- New Gestational Carrier Candidate Evaluation (~\$735) - PARTNERS MUST ATTEND\*
- Updated Gestational Carrier Candidate Evaluation [< 5 years] (~\$510)
- Updated Gestational Carrier Candidate Evaluation [> 5 years] (~\$685)
- Known Egg/Sperm Donor Candidate Evaluation (~\$525) - PARTNERS MUST ATTEND\*
- Recipient/Intended Parent(s) Consultation (\$320) - PARTNERS MUST ATTEND\*
- Embryo Donor Consultation (\$300)
- General Intake for Routine Sessions (~\$150 - \$175)

### Billing Information:

- Patient is responsible payer (payment due at time of service)
- Please bill ordering clinic/agency - Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- Please bill intended parent(s) or financially responsible individual - Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Physician/Agency Coordinator Signature:** \_\_\_\_\_

**Fax / Email Consult Notes to:** \_\_\_\_\_

**\*\*Outside Monitoring patients will need to contact ORM at 503.274.4994 (Option 2) for scheduling. Appointments cannot be scheduled until the completed order has been received\*\***

**-INCOMPLETE ORDERS WILL DELAY SCHEDULING. PLEASE COMPLETE ALL FIELDS-**