

Important Information Checklist

To be completed and submitted before procedure appointment is scheduled.

Name _____ Date _____ Initials _____
Spouse Name _____ Date _____ Initials _____

The information provided here is derived from frequently asked questions from our clients and areas of our services that it is important you know and understand.

Client and spouse, initial on every line.

_____ We understand and will comply with the business terms of agreement outlined by Gender Select, LLC.

_____ We understand that the gender selection process offered by Gender Select, LLC does not guarantee results and is a service offered to help increase your chances of having a baby with the desired gender.

_____ We understand we are to submit the required forms prior to scheduling an appointment.

_____ We understand we are to pay the required \$500.00 deposit in order to schedule services.

_____ We understand that the prices we will be charged are the prices listed on the website.

Prices are subject to change with out notice. No discounts will be offered.

_____ We understand that spaces are limited and subject to availability.

_____ We understand that any appointment scheduled for a weekend, non-normal office hour or holiday will be charged an additional fee.

_____ We understand that Gender Select, LLC will do their best to only schedule one client at a time to insure privacy, and reduced stress.

_____ We understand that if needed, we must schedule hotel accommodation and shuttle service with Gender Select, LLC prior to services and that both services are subject to availability.

_____ We understand that it is our sole responsibility to pay for incidental charges at the hotel. If hotel accommodations are booked and paid through Gender Select, LLC, a credit card will still be required by the hotel as a means to cover these incidental charges.

_____ We understand that it is the sole responsibility of us, to schedule and keep appointments based on the information we attain regarding ovulation and cycles. It is our full responsibility to time and schedule procedures properly and at an appropriate time for gender selection procedures to be potentially effective.

_____ We understand that it is our responsibility to schedule and pay for travel to Gender Select, LLC offices in a manner that allows for keeping of appropriate appointments.

_____ We understand and will keep with cancellation policies of Gender Select, LLC.

_____ We understand that ovulation will not be verified by the staff at Gender Select, LLC or its affiliate partners.

_____ We understand that if we arrive to an appointment and do not have a positive ovulation test that the procedure will still occur or we will lose the \$500.00 deposit and it will not be applied to future service dates.

_____ We understand that if we opt not to have a semen analysis prior to procedure dates, it is impossible for the staff at Gender Select, LLC to know the quality, quantity, etc of the semen.

_____ We understand that if the semen provided on the day of procedure is less than optimal, we will be informed of this, and given the choice to either proceed with services that day or to abandon that attempt and pay the \$200 semen analysis fee incurred in the reading of the sample.

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_____ Spouse Initials for Page 1 of 2

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_____ We understand that an affiliate medical staff member with qualifications will be performing

the IUI portion of the service.

_____ We understand that IUI will be performed but that this procedure is not a guarantee for pregnancy.

_____ We understand that Gender Select LLC has no ability to insure that pregnancy is achieved in any given month of services.

_____ We understand that unless scheduled prior to services, we may or may not meet the doctor the day of scheduled services.

_____ We understand that if we want to consult with the doctor, consult scheduling must occur prior to service dates. Consults with the doctor are \$150.00 and may be done via telephone or in office and scheduled through Gender Select, LLC.

_____ We understand that if we choose to have unprotected intercourse prior to or following the services, it will compromise the services and the service results.

_____ We understand that Gender Select, LLC will not provide any OB/GYN services.

_____ We understand that all of the information given to our office must be completely truthful.

_____ We understand that any medical care needed for a resulting pregnancy or medical condition will be our sole responsibility.

_____ We understand that services will not be provided to anyone indicating that termination of a pregnancy will come from information provided that a pregnancy is of the undesired gender.

_____ We understand that any information we submit to Gender Select, LLC will be kept private, unless authorized by the client for release or if subpoenaed by a judge.

_____ We understand that we are to treat the staff of Gender Select, LLC and the office of Richard M. Levin, MD PSC in a decent manner and that any hostile or confrontational behaviors will not be tolerated and clients will be subject to termination of services.

_____ We understand that no deviation from our procedures will be accommodated.

_____ We understand, acknowledge and agree to comply with all policies and procedures by Gender Select, LLC and its affiliates, as well as but not limited to all information provided on this 2 page document.

_____ Client Initials for Page 1 of 2

_____ Spouse Initials for Page 1 of 2

Client Name Printed: _____ Date: _____

Client Signature: _____ Date: _____

Spouse Name Printed: _____ Date: _____

Spouse Signature: _____ Date: _____