

**ART Fertility Program of Alabama
Drs. Honea, Houserman, Long and Allemand**

25th Anniversary Celebration of Life Sponsorship

Application

Instructions:

1. Application must be filled out completely. Please print a copy to send to us as well as a copy for your records.
2. Most recent Federal Tax Return must be attached.
3. Copy of Insurance Policy regarding pregnancy and IVF treatment must be attached.

PATIENT:

Name: _____ SS#: _____

Address: _____ Phone: _____

DOB: _____ Age: _____ E-mail address: _____

Employer: _____ Phone: _____

Address: _____

Occupation: _____

PARTNER:

Name: _____ SS#: _____

Address: _____ Phone: _____

DOB: _____ Age: _____ E-mail address: _____

Employer: _____ Phone: _____

Address: _____

Occupation: _____

PHYSICIAN INFORMATION (OB/GYN):

Please complete Medical Release Form and send to your OB/GYN for us to receive your records.

Physician Name: _____ Type of Physician: _____

Clinic Name: _____ Phone: _____

Address: _____

PAST INFERTILITY WORK UP:

Eligibility:
To comply with the requirements of the Celebration of Life Sponsorship grant policies,
please complete the following:

INCOME INFORMATION:

Total family adjusted gross income as reported on most recent Federal Tax Return \$ _____
for year _____.

INSURANCE INFORMATION:

Primary Insurance Company: _____

Address: _____

Telephone: _____ Name of Insured: _____

Contract #: _____ Group #: _____

Secondary Insurance Company: _____

Address: _____

Telephone: _____ Name of Insured: _____

Contract #: _____ Group #: _____

The above information is complete and accurate to the best of our knowledge. Please print and sign the original prior to sending to us.

Patient _____ Date _____ Partner _____ Date _____