Consent to Purchase an IUD

Student #: ___________________________ Date: ___________________________

Name: ________________________________

I agree to the following terms of purchase for an IUD:

If I am paying out-of-pocket for my IUD (Not ordered from the Specialty Pharmacy):

1) I understand that the cost for the IUD (ask provider for current cost) and the Uterine Sounding/Insertion fee (ask provider for current cost) will be billed to my WWU student account after my insertion visit and that I am responsible for payment of these charges within 30 days (the same as for any other charges billed to your student account).

2) I understand that once the IUD is inserted, it is completely non-returnable and non-refundable. I assume all cost for the IUD even if my body expels it after insertion, if I decide later that I don’t like it, and all other reasons for early removal of the IUD from my body.

3) I understand that I must pay the Uterine Sounding fee, which is the procedure to see if my uterus will accommodate the IUD and is done at the IUD insertion visit, even if it is determined that my uterus will not accommodate an IUD. I understand that this fee will be billed to my WWU student account even if it is determined that my uterus will not accommodate an IUD.

If the IUD was ordered from the Specialty Pharmacy (who will bill insurance as in-network):

1) I understand that the cost for the Uterine Sounding/Insertion fee (ask provider for current cost) will be billed to my WWU student account after my insertion visit and that I am responsible for payment of these charges within 30 days (the same as for any other charges billed to your student account).

4) I understand that once the IUD is inserted, it is completely non-returnable and non-refundable. I assume all cost for the IUD even if my body expels it after insertion, if I decide later that I don’t like it, and all other reasons for early removal of the IUD from my body.

5) I understand that I must pay the Uterine Sounding fee, which is the procedure to see if my uterus will accommodate the IUD and is done at the IUD insertion visit, even if it is determined that my uterus will not accommodate an IUD. I understand that this fee will be billed to my WWU student account even if it is determined that my uterus will not accommodate an IUD.

_________________________________________  ________________________________
Student Signature                          Date

Created 4/16/10; REV 2/27/17