



Patient Confirmation Statement Treatment

For Providers:

auths@progyny.com | 888.461.5062

For Members:

Contact your dedicated Patient Care Advocate

Employer:
Meta

Progyny Patient Name

Yanxin Lu

Birthdate

10/17/1989

Progyny Patient Member ID

806298980

Progyny Subscriber Name

Yanxin Lu

DOB

10/17/1989

Progyny Subscriber Member ID

806298980



Authorization Number: AUTH-1358040

Valid From: 08/13/2025 - 11/11/2025

Practice: Center for Male Reproductive Medicine

Clinic Location: Center for Male Reproductive Medicine (Los Angeles CA)

CPT Code(s): 99499-25 RU Diagnostics and Workup

Smart Cycle Value: 0.00

Fertility services are administered through Progyny. A list of covered services can be found in the patient's member guide and provider manual. Financial responsibility applies dependent upon patient's medical plan. Any service not included in the authorization for this treatment should be billed to the patient's medical plan unless covered under a separate authorization. The clinic is the guarantor for all in-cycle bloodwork and monitoring services. Please note that outside monitoring is not covered. Call Progyny Provider Relations at 888.461.5062 with any questions.

Transfer cycle authorizations are approved for a single embryo transfer only unless approval from Progyny's Medical Advisory Board is obtained.

Preimplantation Genetic Testing (PGT) Laboratories: Please use an approved lab as listed on [Progyny.com/labs](https://progyny.com/labs). Please list Progyny as payer and include the Authorization number for In-Network participating labs.

Authorization ID for PGT-A is the same as the Authorization ID listed on this Patient Confirmation Statement. Authorization ID for PGT-SR or PGT-M must be requested through Provider Relations.

Progyny Claims Submission:

EDI Payer ID: PROGY

Payer Name: Progyny, Inc.

Claim Address: 505 South Lenola Rd, Suite 231 Moorestown, NJ 08057

Coverage is based upon eligibility at time of service.