



## Frozen Donor Embryo Transfer Price List, EDI **2012**

Embryo Donation International (EDI), a subsidiary of Specialists in Reproductive Medicine and Surgery, P.A. (SRMS), will generally be referenced throughout this document as EDI.

### Introduction:

We have done our best to be accurate in estimating your fees. If you have had some of these tests completed relatively recently, they will not need to be repeated. The prices listed here are EDI's fees. If you have some of your lab testing/evaluation completed via a physician closer to home, the prices will be different than those listed. EDI cannot accurately estimate fees charged by other physicians.

While your health insurance may cover certain segments of your care, the prices below assume there is no coverage and are in U.S. dollars. EDI is not responsible for any changes in fees from outside laboratory facilities, which can occasionally change without notice.

### Abbreviated Summary:

|  | <u>Anonymous</u>      | <u>Approved</u>        | <u>Open</u>     |
|--|-----------------------|------------------------|-----------------|
| Embryo Recipient Preparation Fees:       | \$1,670               | \$2,232                | \$6,207         |
| Embryo Recipient/Donor Evaluations:*     | 1,709 - 2,173         | 1,709 - 2,173          | 2,173           |
| Optional Embryo Donor Genetic Testing:** | 0 - 744               | 0 - 744                | 744             |
| Replacement Cycle Meds & Monitoring:     | 1,446                 | 1,446                  | 1,446           |
| Embryo Transfer                          | 2,695                 | 2,695                  | 2,695           |
| <b>Subtotal:</b>                         | <b>\$7,520- 8,725</b> | <b>\$7,520 – 9,287</b> | <b>\$13,262</b> |

\* These fees may be significantly less than stated as much of the evaluation may have been done previously. In addition, if the donors refuse to have their blood drawn, the fees will be the smaller number.

\*\* These fees are infrequently requested but are available when the donors agree to testing.

These fees above do not include the following:

1. Additional fees charged by other physicians and legal practices
2. Evaluation fees incurred to patients who need to have consultation with maternal fetal medicine and cardiologists.
3. Transportation, food, lodging & entertainment
4. Pregnancy fees

## Embryo Recipient Preparation Fees:

| <u>Embryo Recipient Preparation Fees:</u>      | <u>Anonymous</u> | <u>Approved</u> | <u>Open</u>    |
|--|------------------|-----------------|----------------|
| Comprehensive New Female Patient Visit at EDI* | \$397            | \$397           | \$397          |
| Case Management Fees                           | 663              | 825             | 1,600          |
| Embryo Shipping Fee                            | 250              | 250             | 250            |
| Residual Storage Fees                          | 360              | 360             | 360            |
| Legal Fees**                                   | 0                | 0               | 2,000          |
| Home Study+                                    | 0                | 0               | 800            |
| Mental Health Professional Evaluation**        | 0                | 400             | 800            |
| <b>Subtotal:</b>                               | <b>\$1,670</b>   | <b>\$2,232</b>  | <b>\$6,207</b> |

\* Many of our long-distance patients will have had some of their history obtained via electronic communication before their first actual visit to EDI. The fee above is a single fee, which includes the electronic communication and an eventual physical exam with a brief update of your medical history when you first visit EDI.

\*\* These fees are estimates only and will vary with respect to your location.

+ A court-approved licensed psychologist completes this evaluation and fees may vary.

## Embryo Recipient/Donor Evaluations

The embryo donors, while going through In Vitro Fertilization, were screened according to the standards of care at the time of the procedure (i.e., HIV and Hepatitis). Some of the embryo donors may not be available for additional laboratory testing or prefer not to be tested. If they offer to be tested, the FDA requires us to perform the laboratory testing and you will be responsible for any fees incurred.

We have arranged for our U.S. patients to have blood drawn and sent to specialized laboratories. Please note that EDI has been able to secure fee reductions for items marked as **Package** below. Special arrangements will need to be made ahead of time to obtain and transport the specimens correctly.

| <u>Embryo Recipient/Donor Evaluations:</u>               | <u>Anonymous</u> | <u>Approved</u> | <u>Open</u> |
|--|------------------|-----------------|-------------|
| <b>Recipient, Female ,FDA STD <b>Package</b> Testing</b> |                  |                 |             |
| HIV (Human Immunodeficiency Virus)                       | \$221            | \$221           | \$221       |
| HIV/HCV/HBV NAT  |                  |                 |             |
| HBsAg (Hepatitis B)                                      |                  |                 |             |
| HCsAb (Hepatitis C)                                      |                  |                 |             |
| Anti-HBc IGG (Core Hep B)                                |                  |                 |             |
| RPR (Syphilis)   |                  |                 |             |
| Cervical Screen (GC/Chlamydia)                           |                  |                 |             |
| Venipuncture   | 22               | 22              | 22          |
| <b>Recipient, Female, Routine Testing</b>                |                  |                 |             |
| ABO RH (Blood Type)                                      | 43               | 43              | 43          |
| Antibody Screen  | 33               | 33              | 33          |
| Rubella Screen   | 67               | 67              | 67          |
| Progesterone   | 111              | 111             | 111         |
| CBC/Diff   | 36               | 36              | 36          |
| Varicella  | 85               | 85              | 85          |
| PAP  | 94               | 94              | 94          |

Frozen Donor Embryo Transfer Price List, EDI (cont.)

|  |   |                |                |                |
|--|---|----------------|----------------|----------------|
|  | CMP   | 38             | 38             | 38             |
|  | Venipuncture  | 22             | 22             | 22             |
|  | EDI Pelvic anatomy evaluation incl. pelvic ultrasound, diagnostic hysteroscopy & trial transfer | 750            | 750            | 750            |
| <b>Recipient, Partner, FDA STD</b>             |   |                |                |                |
|  | HIV   | 82             | 82             | 82             |
|  | Venipuncture  | 22             | 22             | 22             |
| <b>Donor, Female, FDA STD Package Testing*</b> |   |                |                |                |
|  | (everything above except no GC/Chlamydia testing)   | 182            | 182            | 182            |
|  | Venipuncture  | 22             | 22             | 22             |
| <b>Donor, Male, FDA STD Package*</b>           |   |                |                |                |
|  | HIV (Human Immunodeficiency Virus)  | 246            | 246            | 246            |
|  | HIV/HCV/HBV NAT   |                |                |                |
|  | HBsAg (Hepatitis B)   |                |                |                |
|  | HCsAb (Hepatitis C)   |                |                |                |
|  | Anti-HBc IGG (Core Hep B)   |                |                |                |
|  | RPR (Syphilis)  |                |                |                |
|  | HTLV I & II   |                |                |                |
|  | CMV Total   |                |                |                |
|  | Venipuncture  | 22             | 22             | 22             |
|  | FDA Lab Shipping Fee  | 75             | 75             | 75             |
| <b>Subtotal:</b>                               |   | <b>\$2,173</b> | <b>\$2,173</b> | <b>\$2,173</b> |

\* These charges will only occur if the donors agree to testing.

FDA Federal Drug Administration

STD Sexually Transmitted Disease

There are other procedures that are infrequently requested include a Hysterosalpingogram (HSG). We request an HSG if we are concerned that the Fallopian tubes are obstructed spilling harmful fluid back into the uterus potentially harming your embryos. These fees vary but may be close to \$1000.

For those patients that are greater than 45 years old, we routinely request a consultation with high-risk obstetrics and some level of a cardiology consultation, which could include a fasting lipid profile, an EKG and/or MUGA Scan/Stress Test. These fees are very difficult to estimate and are not listed here.

### Optional Embryo Donor Genetic Testing:

Many of the embryo donors will have undergone genetic testing before undergoing IVF. As an example, it is generally now suggested that the gene for Cystic Fibrosis be screened in the Caucasian population. This testing may not have been offered to, or was necessarily completed by, the original embryo donors. Genetic testing fees are dependent upon your level of concern and the number of tests that could be reasonably requested. We have attempted to estimate the charges here:

| <u>Optional Embryo Donor Genetic Testing:</u> | <u>Anonymous</u>     | <u>Approved</u>      | <u>Open</u>          |
|---|----------------------|----------------------|----------------------|
| Genetic Testing <b>Package*</b>               | \$370 - \$700        | \$370 - \$700        | \$370 - \$700        |
| Venipuncture (x2)                             | 44                   | 44                   | 44                   |
| <b>Subtotal:</b>                              | <b>\$414 - \$744</b> | <b>\$414 - \$744</b> | <b>\$414 - \$744</b> |

\* The lower price is for single gene testing which may have already been done on at least one partner. The higher price is for a testing of both partners for the **Package** of genetic diseases. Please ask EDI for an updated list of all the genetic

## Frozen Donor Embryo Transfer Price List, EDI (*cont.*)

tests included in the **Package**. You may choose to test only one partner (\$350) or both (\$700) simultaneously using the Package price break)

### Replacement Cycle Meds & Monitoring

All of our patients will have their menstrual cycle controlled through hormone treatment. EDI will provide natural hormones that are identical to those that the ovary would normally produce. The following is true of these replacement cycles:

- The success rates for replacement and natural cycle transfers are identical.
- In order to offer embryo donation transfers throughout the entire year, we need to be able to control the dates of embryo transfer.
- In order to accommodate our patients' complex work and flight schedules, we need to control the timing of the embryo transfer.
- Replacement cycles are about \$200 less expensive than natural cycle transfers.

If additional medications, ultrasound evaluations or blood tests are needed, they will be charged separately.

| <u>Replacement Cycle Meds &amp; Monitoring:</u> | <u>Anonymous</u> | <u>Approved</u> | <u>Open</u>    |
|---|------------------|-----------------|----------------|
| Oral Contraceptive Pills (x 1 month) **         | \$50             | \$50            | \$50           |
| Estradiol, Oral **                              | 68               | 68              | 68             |
| Estradiol, Transdermal **                       | 114              | 114             | 114            |
| Progesterone, Vaginal **                        | 425              | 425             | 425            |
| Lupron **                                       | 199              | 199             | 199            |
| Antibiotics **                                  | 11               | 11              | 11             |
| Corticosteroids **                              | 11               | 11              | 11             |
| Estrogen Levels x 2                             | 222              | 222             | 222            |
| Ultrasounds x 2                                 | 292              | 292             | 292            |
| Venipuncture x 2                                | 44               | 44              | 44             |
| <b>Subtotal:</b>                                | <b>\$1,446</b>   | <b>\$1,446</b>  | <b>\$1,446</b> |

\* Lupron will not be needed if the patient is in menopause.

\*\* All medications will be paid to the pharmacy directly.

### Embryo Transfer:

| <u>Embryo Transfer:</u>                       | <u>Anonymous</u> | <u>Approved</u> | <u>Open</u>    |
|---|------------------|-----------------|----------------|
| Thaw and preparation of embryos for transfer* | \$824            | \$824           | \$824          |
| Embryo transfer                               | 1,871            | 1,871           | 1,871          |
| <b>Subtotal:</b>                              | <b>\$2,695</b>   | <b>\$2,695</b>  | <b>\$2,695</b> |

\* Assisted Hatching is not charged separately.

### Once Pregnancy Is Achieved:

| <u>Once Pregnancy Is Achieved:*</u> | <u>Anonymous</u> | <u>Approved</u> | <u>Open</u> |
|-------------------------------------|------------------|-----------------|-------------|
| Pregnancy tests x 3                 | \$300            | \$300           | \$300       |
| Venipuncture x 3                    | 66               | 66              | 66          |
| Progesterone level                  | 111              | 111             | 111         |

Frozen Donor Embryo Transfer Price List, EDI (*cont.*)

|                           |                |                |                |
|---------------------------|----------------|----------------|----------------|
| Progesterone, Vaginal **  | 1,643          | 1,643          | 1,643          |
| Estrogen, Oral **         | 96             | 96             | 96             |
| Estrogen, Transdermal **  | 123            | 123            | 123            |
| Pregnancy Ultrasounds x 2 | 816            | 816            | 816            |
| <b>Subtotal:</b>          | <b>\$3,155</b> | <b>\$3,155</b> | <b>\$3,155</b> |

\* Many of these fees will be covered on any insurance policy with maternity coverage.

\*\* All medications will be paid to the pharmacy directly.

**Changes In Fees:**

The incurred costs estimated here are not guaranteed. Individual variability often results in an unpredictable number of ultrasounds, blood tests and medication quantity administered. All fees listed here are subject to change without notice.

**For your convenience, Visa, Discover and MasterCard are accepted.  
Other finance options through outside institutions are available upon request.**

Any funds that were collected for procedures that were not performed (i.e., the cycle was canceled) will be refunded upon request within seven days of the conclusion of your cycle.

Any funds not pre-collected for procedures performed that exceeded our original estimates, or for possible or post transfer fees, will be billed at the time of service with all monies owing to be paid within thirty days of embryo transfer.

EDI has done their best to estimate the fees for the embryo donation process. Understand, however, unforeseen fees may accrue. If you decide to compare the fees here at EDI to other facilities, try to obtain as much detail as presented here so a valid comparison may be made.

We have read the information above and our questions have been answered to our satisfaction. We agree to be responsible for the payment of charges as stated:

|                            |                               |                |
|----------------------------|-------------------------------|----------------|
| _____                      | _____                         | ____/____/____ |
| Woman's Signature          | Woman's Name (print)          | Date           |
| _____                      | _____                         | ____/____/____ |
| Partner's Signature        | Partner's Name (print)        | Date           |
| _____                      | _____                         | ____/____/____ |
| Office Personnel Signature | Office Personnel Name (print) | Date           |
| _____                      | _____                         | ____/____/____ |
| Physician's Signature      | Physician's Name (print)      | Date           |

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