



Frozen Donor Embryo Transfer Price List, EDI **2017**

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 Embryo Donation International (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:	\$2,059 – 2,383	\$2,653 – 2,977	\$6,775
Embryo Recipient/Donor Evaluations:*	2,107 – 2,744	2,107 – 2,744	2,744
Optional Embryo Donor Genetic Testing:**	0 - 810	0 - 810	810
Replacement Cycle Meds & Monitoring:	1,871-2,195	1,871-2,195	1,871-2,195
Embryo Transfer	4,484	4,484	4,484
Subtotal:	\$10,521– 12,616	\$11,115 – 13,210	\$16,684- 17,008

* 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*	\$473	\$473	\$473
Case Management Fee #1	788	982	1,904
Embryo Shipping Fee	357	357	357
Residual Storage Fees	441	441	441
Legal Fees**	0	0	2,000
Home Study+	0	0	800
Mental Health Professional Evaluation**	0	400	800
IDP Administrative Fee	0 - 324	0 - 324	N/A
Subtotal:	\$2,059 - \$2,383	\$2,653 - \$2,977	\$6,775

* 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>
Recipient, Female ,FDA STD Package Testing			
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	27	27	27
Recipient, Female, Routine Testing			
ABO RH (Blood Type)	52	52	52
Antibody Screen	40	40	40
Rubella Screen	80	80	80
Progesterone	132	132	132
CBC/Diff	44	44	44
Varicella	102	102	102
PAP	112	112	112

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

	CMP	46	46	46
	Venipuncture	27	27	27
	EDI Pelvic anatomy evaluation incl. pelvic ultrasound, diagnostic hysteroscopy & trial transfer	1101	1101	1101
Recipient, Partner, FDA STD				
	HIV	96	96	96
	Venipuncture	27	27	27
Donor, Female, FDA STD Package Testing*				
(everything above except no GC/Chlamydia testing)		182	182	182
	Venipuncture	27	27	27
Donor, Male, FDA STD Package*				
	HIV (Human Immunodeficiency Virus)	256	256	256
	HIV/HCV/HBV NAT			
	HBsAg (Hepatitis B)			
	HCAbs (Hepatitis C)			
	Anti-HBc IGG (Core Hep B)			
	RPR (Syphilis)			
	HTLV I & II			
	CMV Total			
	Venipuncture	27	27	27
	FDA Lab Shipping Fee	145	145	145
Subtotal:		\$2,744	\$2,744	\$2,744

* 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 Package*	\$400 - \$756	\$400 - \$756	\$400 - \$756
Venipuncture (x2)	54	54	54
Subtotal:	\$427 - \$810	\$427 - \$810	\$427 - \$810

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

* 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 tests included in the **Package**. You may choose to test only one partner (\$400) or both (\$756) 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.

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

Replacement Cycle Meds & Monitoring:	Anonymous	Approved	Open	Possible
Oral Contraceptive Pills (x 1 month) **	\$70	\$70	\$70	
Estradiol Pills **	69	69	69	
Estradiol Topical**				\$300
Progesterone, Vaginal **	460	460	460	
Progesterone, Injection	240	240	240	
Estrogen Levels x 3	396	396	396	
Ultrasounds x 3	555	555	555	
Venipuncture x 3	81	81	81	
Out of Town Monitoring Management ***				324
Subtotal:	\$1,871	\$1,871	\$1,871	\$2,495

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

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

*** Patients who will be having estrogen levels and ultrasounds at clinics near their homes will also have an Out of Town Monitoring Management fee of **\$324** which will be paid prior to initiation of the transfer cycle.

Embryo Transfer:

Embryo Transfer:	Anonymous	Approved	Open
Thaw and preparation of embryos for transfer*	\$1708	\$1708	\$1708
Assisted Hatching	788	788	788
Embryo transfer	1,988	1,988	1,988
Subtotal:	\$4,484	\$4,484	\$4,484

Once Pregnancy Is Achieved:

Once Pregnancy Is Achieved:*	Anonymous	Approved	Open
Pregnancy tests x 3	\$357	\$357	\$357
Venipuncture x 3	81	81	81

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

Progesterone level	132	132	132
Progesterone, Vaginal **	2,240	2,240	2,240
Estradiol Pills**	160	160	160
Pregnancy Ultrasounds x 2	972	972	972
Subtotal:	\$3,942	\$3,942	\$3,942

* 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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