



## **Gestational Surrogacy Price List, EDI** **(2011)**

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

### **General:**

The following are the charges incurred during a Gestational Surrogacy procedure. We have done our very best to estimate the charges accurately, although patient variance will often occur.

If we participate with your insurance company, we will verify benefits prior to Gestational Surrogacy. If Gestational Surrogacy is a covered service, we will bill your insurance company and collect any co-payments due at the time of service. If Gestational Surrogacy is not a covered service or we do not participate with your insurance plan, no charges will be billed to your insurance company and all fees will be as listed as best as we can estimate in the following pages.

### **Gestational Surrogacy Legal Fees:**

All legal fees need to be discussed in detail with your attorney and the attorney representing the Gestational Surrogate (GS). We have, however, done our best to give you some rough estimates from the attorney we use most frequently (Harold Eskin, Esq., [www.LegalSurrogacy.com](http://www.LegalSurrogacy.com)) as listed below:

#### **Estimated Legal Fees:**

	<u><b>Probable</b></u>	<u><b>Possible</b></u>
Preliminary Discussions With Contract Negotiations	\$2,000.00	
Surrogate Legal Representation	500.00	\$1,500.00
Accounting Services	750.00	
Reasonable Living Expenses For The	10,000.00	25,000.00

Surrogate		
Reasonable Medical Expenses	1,000.00	7,000.00
Post-Delivery Legal/Court Fees	1,100.00	
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Subtotal:	\$15,350.00	\$37,350.00

While we have done our best to estimate the costs of Gestational Surrogacy, there are potential costs that do not allow for clear estimates to be made:

- Pregnancy complications costs (maternal/fetal/multiple pregnancy fees)
- Costs for uterine evacuation procedures for spontaneous pregnancy losses
- Costs for selective reduction in multi-fetal pregnancies (triplets or more)
- Costs for genetic ultrasound/amniocentesis
- Costs for termination of a genetically abnormal pregnancy (rare)
- Ongoing psychologic counseling costs (pregnancy and post-partum)
- Maternal complications

The above fees will be best estimated though your attorney.

## Evaluation Fees

### Commissioning Couple/Intended Parent Evaluation:

<u>Preliminary Evaluation:</u>	<u>Probable</u>	<u>Possible</u>
Criminal History Check *		\$60.00
Psychological Evaluation or Parenting Class*	\$75.00	250.00
Comprehensive New Female Patient Visit	397.00	
Comprehensive New Male Patient Visit	246.00	
Commissioning Couple/Intended Parent Cycle Management Fees (Paid at time of cycle registration)	663.00	758.00
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Subtotal:	\$1,381.00	\$1,711.00

\*: Evaluation is required of all individuals without partners requesting surrogacy.

### Female Laboratory Studies:

	<u>Probable</u>	<u>Possible</u>
HIV (Human Immunodeficiency Virus)*	\$82.00	
HBsAg (Hepatitis B) *	60.00	
HCsAb (Hepatitis C) *	85.00	
RPR (Syphilis) *	27.00	
DNA Gene Probe (Gonorrhea & Chlamydia) *	106.00	
PAP Smear	94.00	
CMV IgG (Cytomegalovirus) †	72.00	
ABO RH (Blood Type)	43.00	
Progesterone	111.00	
CBC/Chem 27	36.00	
FSH (Follicle Stimulating Hormone)	111.00	

Gestational Surrogacy Price List, EDI (cont.)

Cystic Fibrosis ♦	351.00
Venipuncture (x3)	66.00

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\$1,244.00

Subtotal:

- \*: As a precaution, the “\*” tests above are repeated every six months to assure optimal safety during the Gestational Surrogacy process.
- †: CMV testing of the female will only be done if the surrogate is CMV IgG negative.
- ♦: Commonly done if the female is Caucasian. Additional genetic testing is race and ancestry-specific and goes beyond the scope of this discussion. Additional fees will be discussed with the Commissioning Couple/Intended Parent prior to being performed.

**Male Laboratory Studies:**

	<b><u>Probable</u></b>	<b><u>Possible</u></b>
HIV (Human Immunodeficiency Virus)	\$82.00	
HBsAg (Hepatitis B)	60.00	
HCsAb (Hepatitis C)	85.00	
RPR (Syphilis)	27.00	
DNA Gene Probe (Gonorrhea & Chlamydia Urine evaluation)	106.00	
CMV IgG (Cytomegalovirus) †	72.00	
ABO RH (Blood Type)	43.00	
Venipuncture (x1)	22.00	
Semen Analysis/ASAS & SA	183.00	
Semen Culture	27.00	
SA/Cryopreservation Sperm	415.00	

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\$1,122.00

Subtotal:

**Mandatory FDA Female Testing:**

	<b><u>Probable</u></b>	<b><u>Possible</u></b>
HIV (Human Immunodeficiency Virus) **	\$178	
HIV/HCV NAT		
HBsAg (Hepatitis B) **		
HCsAb (Hepatitis C) **		
Anti-HBc IGG (Core Hep B) **		
RPR (Syphilis) **		
GC/Chlamydia (via urine)		
Venipuncture	22.00	
FDA Lab Shipping Fee	75.00	

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\$275.00

Subtotal:

**Mandatory FDA Male Testing:**

	<b><u>Probable</u></b>	<b><u>Possible</u></b>
HIV (Human Immunodeficiency Virus) **	\$213	
HIV/HCV NAT		
HBsAg (Hepatitis B) **		
HCsAb (Hepatitis C) **		
Anti-HBc IGG (Core Hep B) **		
RPR (Syphilis) **		
GC/Chlamydia (via urine)		

HTLV I & II	
CMV IgG	
Venipuncture	22.00
FDA Lab Shipping Fee	75.00
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	\$310.00

Subtotal:

\*\*The FDA is now requiring additional testing prior to retrieval. Our current negotiated price is \$275 - \$310. This is a direct cost from the out sourced lab and is subject to change without notice.

**Gestational Surrogate Evaluation:**

<b><u>GS Preliminary Evaluation:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Criminal History Check	\$60.00	
Psychological Evaluation	250.00	
Comprehensive New Female Patient Visit	338.00	
PAP Smear	94.00	
Uterine Cavity Evaluation (GYN Ultrasound or Diagnostic Hysteroscopy)	498.00	\$995.00
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	\$1,240.00	\$1,737.00

Subtotal:

<b><u>GS Laboratory Studies:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
HIV (Human Immunodeficiency Virus)*	\$82.00	
HBsAg (Hepatitis B) *	60.00	
HCsAb (Hepatitis C) *	85.00	
RPR (Syphilis) *	27.00	
DNA Gene Probe (Gonorrhea & Chlamydia) *	106.00	
CMV (Cytomegalovirus)	72.00	
ABO RH (Blood Type)	43.00	
Antibody Screen	33.00	
Rubella Ab IGG	67.00	
Rubella vaccination if not immune (injection incl.)		\$111.00
Varicella (Chicken Pox)		
Varicella vaccination if not immune (injection x2 incl.)		324.00
Progesterone	111.00	
CBC w/Diff	36.00	
Urine Drug Testing	67.00	
Venipuncture (x3)	66.00	
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	\$855.00	\$1,290.00

Subtotal:

\* As a precaution, the "\*" tests above are repeated every six months to assure optimal safety during the Gestational Surrogacy process.

The frequency of testing any of the items above during pregnancy is at the discretion of the Commissioning Couple/Intended Parent, GS and the Obstetrician and should be outlined in the legal contracts.

[All **Preliminary Evaluations & Laboratory Study** fees (\$6,427 – \$7,689) will be due prior to the initiation of the GS evaluation.]

## Assisted Reproductive Technology Fees

### Commissioning Couple/Intended Parent ART Fees:

<b><u>ART Medications:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Ovarian Stimulation Medications	\$1,750.00	\$3,700.00*
Ovidrel or HCG	80.00	
Lupron	199.00	398.00
Antibiotics	22.00	
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Subtotal:	\$2,051.00	\$4,200.00*

\* These prices may vary with respect to the amount of medication needed by an individual patient. At times, individual patients may require even more medications than listed.

[All **ART Medication** fees (\$2,051 - \$4,200) will be paid for when received from the pharmacy or via mail order.]

<b><u>Follicular Monitoring:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Ultrasounds (x4)	\$584.00	
Estradiol Blood Tests (x4)	444.00	
Venipuncture (x4)	88.00	
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Subtotal:	\$1,116.00	

<b><u>Egg Retrieval &amp; Laboratory Fees:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Anesthesia	\$663.00	
Egg Retrieval	1,671.00	
Ultrasound Guidance	320.00	
Semen Wash	303.00	
Culture & Fertilization	4,950.00	
ICSI *	740.00	
Embryo Cryopreservation & Storage Fee**	\$1,304.00	
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Subtotal:	\$9,951.00	

\* If ICSI (Intracytoplasmic Sperm Injection) is not needed a refund will be issued at the end of the cycle or can be applied to other services if performed.

\*\* These fees are not pre-collected with the initial deposit amount. A current credit card must be available on file for these fees to be paid for on the day of service if applicable.

[All **Follicular Monitoring, Egg Retrieval and Laboratory** fees (\$11,067.00) are due by cycle start date.]

There are a couple of embryo transfer possibilities which will need to be individually decided. The options are as follow:

1. The GS has her cycle controlled and her uterus is prepared for a Fresh Embryo Transfer. This will be performed in conjunction with the ovarian stimulation/egg retrieval procedures as listed above.
2. All embryos are cryopreserved for future thaw and transfer in a natural (ovulatory) cycle.

If the GS does not conceive with the first transfer, she may undergo one or more transfers in a later cycle. Interestingly, the options will be the same listed as above. If she does not ovulate, she will undergo the same preparation as the Fresh Embryo Transfer (Replacement Cycle) while if she does ovulate, the fees will be as stated for the natural (ovulatory cycle).

The price list from this point forward is broken down into these various options.

## **Transfer of Fresh Embryos or Transfer of Thawed Embryos in The Anovulatory GS (Replacement Cycle)**

<b><u>GS Medications:</u></b>	<b><u>Probable</u></b>	<b><u>Possible **</u></b>
Estradiol Valerate	\$498.00	\$747.00
Progesterone / Vaginal	425.00	
Lupron *	398.00	597.00
Antibiotics	22.00	
Corticosteroids	11.00	
	<b>\$1,354.00**</b>	<b>\$1,802.00</b>
<b>Subtotal:</b>		
* Lupron will not be needed if the patient is in menopause.		
** If additional medications are required, these will be paid to the pharmacy as needed		
<b><u>GS Recipient Monitoring:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Estrogen Levels (x9)	\$999.00	
Ultrasounds (x3)	438.00	
Venipuncture (x11)	242.00	
	<b>\$1,697.00</b>	
<b>Subtotal</b>		
<b><u>GS Fresh Transfer Fees:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Preparation of Embryos for Transfer	\$169.00	
Embryo Transfer	1,671.00	
Blood Pregnancy Test (Not Prepaid)	100.00	
Venipuncture (Not Prepaid)	22.00	
	<b>\$1,962.00</b>	
<b>Subtotal:</b>		

The GS medications (\$1,354 - \$1,802) will be purchased at the pharmacy and will be due upon time of service. **GS Monitoring and Transfer Fees (\$3,537.00)** will be due by cycle start date.

### **Positive Pregnancy In a Replacement Cycle**

<b><u>Once Pregnancy Is Achieved:</u></b>	<b><u>Probable</u></b>	<b><u>Possible</u></b>
Blood Pregnancy Test (x2)	\$200.00	
Progesterone / Vaginal (Paid to Pharmacy)	1643.00	
Estradiol Valerate (Paid to Pharmacy)	125.00	
Estradiol Levels (x6)	666.00	
Progesterone Level	111.00	
Venipuncture (x8)	176.00	
Pregnancy Ultrasounds (x2)	816.00	
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	<b>\$3,737.00</b>	
Subtotal:		

Charges that occur **Once Pregnancy Is Achieved** will be due at the time of service.

### **Transfer of Thawed Embryos in The Ovulatory GS (Natural Cycle)**

<b><u>Natural Cycle GS-FET:</u></b>	<b><u>Probable</u></b>	
Urinary LH monitoring	\$55.00	Paid to pharmacy
Blood LH levels (X3)	333.00	
Estradiols (X3)	333.00	
Ultrasounds (X3)	438.00	
Venipuncture (X3)	66.00	
Antibiotics	11.00	Paid to pharmacy
HCG Injection	80.00	Paid to pharmacy
Prometrium	72.00	Paid to pharmacy
Corticosteroids	11.00	Paid to pharmacy
Thaw, embryo preparation and embryo transfer	2,495.00	
Blood Pregnancy Test (Not prepaid)	100.00	
	22.00	
Venipuncture (Not prepaid)		
	<hr/>	
	<b>\$4,016.00</b>	
<b>Total:</b>		

\* Occasionally, a patient will require more than three visits to identify the time of ovulation. At each additional visit, SRMS-EDI will perform a venipuncture for LH & E2, perform an ultrasound and provide an office visit.

**Natural Cycle GS-FET** fees (\$3,665) will be prior to initiation of the transfer cycle. Additional monitoring fees (see "Possible\*" above) will be paid at the time of service. **Medication fees \$229 will be paid separately to the pharmacy.**

## Positive Pregnancy In a Natural Cycle GS-FET Procedure

<u>Once Pregnancy Is Achieved:</u>	<u>Probable</u>	<u>Possible</u>
Blood Pregnancy Test (x2)	\$200.00	
Venipuncture (x2)	44.00	
Progesterone Level	111.00	
Prometrium	120.00	Paid to pharmacy
Pregnancy Ultrasounds (x2)	816.00	
<b>Subtotal:</b>	<b>\$1,291.00</b>	

[Charges that occur Once Pregnancy is Achieved (\$1,171.00) will be due when the GS has a positive pregnancy test.]

## Summary of Financial Responsibilities

<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Commissioning Couple/Intended Parent Evaluation Fees</u>	\$4,332 - \$4,662	At Time of Service
<u>Gestational Surrogate Evaluation Fees</u>	\$2,095 - \$3,027	Prepayment
<u>Commissioning Couple Medications</u>	\$2,051 - \$4,200	Paid to Pharmacy
<u>Commissioning Couple/Intended Parent ART Fees</u> (Variable)	\$11,067	Prepayment
<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Gestational Surrogate Replacement Meds</u>	\$1,352 - \$1,802	Paid to Pharmacy
<u>Replacement Cycle Transfer Fees</u> (Variable)	\$3,537	Prepayment
<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Gestational Surrogate Natural Cycle Meds</u>	\$229	Paid to Pharmacy
<u>Natural Cycle GS-FET</u>	\$3,665	Prepayment

### 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 vials administered. **All fees listed here are subject to change without notice.**

*For your convenience, Visa and MasterCard are accepted.*

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.

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

\_\_\_\_\_  
Intended Parent Signature                      \_\_\_\_\_  
Intended Parent Name (print)                      / /  
Date

\_\_\_\_\_  
Partner Signature                                      \_\_\_\_\_  
Partner Name (print)                                      / /  
Date

\_\_\_\_\_  
Office Personnel Signature                      \_\_\_\_\_  
Office Personnel Name (print)                      / /  
Date

\_\_\_\_\_  
Physician Signature                                      \_\_\_\_\_  
Physician Name (print)                                      / /  
Date

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