

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Gestational Surrogacy **Price List (2016)**

We here at Specialists in Reproductive Medicine & Surgery, P.A., (SRMS) want to offer you a “Dreamy” option that will make it easier for you to achieve your goals of building your family. We call it our “Dream Discount Plus Program” offering **20%/30%/40%/50%** off of our 2014 prices for nearly all of your Assisted Reproductive Technology (ART) procedures! Below is a breakdown of the estimated self-pay costs of our Gestational Surrogacy procedure under our new “Dream Discount Plus Program:”

ART Procedures	Dream Discount Plus Program		
	<i>30% Off</i> Cycle 1	<i>40% Off</i> Cycle 2	<i>50% Off</i> Cycle 3
Gestational Surrogacy (2014 fees: \$19,800)	\$14,900	\$13,550	\$12,000

The fees subject to the Dream Discount Program are highlighted **Red** in this Price List.

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) as listed below:

<u>Estimated Legal Fees:</u>	<u>Probable</u>	<u>Possible</u>
Preliminary Discussions With Contract Negotiations	\$2,500.00	\$3,000.00
Surrogate Legal Representation	800.00	\$1,500.00
Accounting Services	1800.00	\$2,500.00
Reasonable Living and other Expenses For The Surrogate	25,000.00	\$40,000.00
Reasonable Medical Expenses	1,000.00	7,000.00

Gestational Surrogacy Price List (cont.)

Post-Delivery Legal/Court Fees	2,950.00	\$3,550
Subtotal:	\$34,050.00	\$57,550.00

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 *		\$66.00
Psychological Evaluation or Parenting Class*	\$60.00	250.00
Comprehensive New Female Patient Visit	438.00	
Comprehensive New Male Patient Visit	271.00	
Commissioning Couple/Intended Parent Cycle Management Fees (Paid at time of cycle registration)	716.00	819.00
Subtotal:	\$1,485.00	\$1,843.00

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

<u>Female Laboratory Studies:</u>	<u>Probable</u>	<u>Possible</u>
HIV (Human Immunodeficiency Virus)*	\$91.00	
HBsAg (Hepatitis B) *	66.00	
HCsAb (Hepatitis C) *	94.00	
RPR (Syphilis) *	30.00	
DNA Gene Probe (Gonorrhea & Chlamydia) *	117.00	
PAP Smear	104.00	
ABO RH (Blood Type)	47.00	
Progesterone	122.00	
CBC	40.00	
Electrolytes	36.00	
FSH (Follicle Stimulating Hormone)	122.00	
Counsel Genetic Test ☞	349.00	
Venipuncture (x3)	75.00	
Subtotal:	\$1,239.00	

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

Gestational Surrogacy Price List (*cont.*)

- †: CMV testing of the female will only be done if the surrogate is CMV IgG negative.
- ☞: The Counsyl Test screens for whether the patient is a carrier of certain genetic diseases such as Cystic Fibrosis, Spinal Muscular Atrophy, Tay-Sachs disease, and Sickle Cell disease, which can significantly impair a child's normal development or life expectancy. For some of these conditions, early diagnosis can alter pregnancy outcomes. We are using the screen that the American Congress of Obstetrics and Gynecology (ACOG) and the American College of Medical Genetics (ACMG) recommend for genetic carrier screening. Additional fees will be discussed with the Commissioning Couple/Intended Parent prior to being performed.

<u>Male Laboratory Studies:</u>	<u>Probable</u>	<u>Possible</u>
HIV (Human Immunodeficiency Virus)	\$91.00	
HBsAg (Hepatitis B)	66.00	
HCsAb (Hepatitis C)	94.00	
RPR (Syphilis)	30.00	
DNA Gene Probe (Gonorrhea & Chlamydia Urine evaluation)	117.00	
CMV Total †	80.00	
ABO RH (Blood Type)	47.00	
Venipuncture (x1)	25.00	
Semen Analysis/ASAS & SA	202.00	
Semen Culture	30.00	
SA/Cryopreservation Sperm	457.00	
Subtotal:	\$1,239.00	

Gestational Surrogate Evaluation:

<u>GS Preliminary Evaluation:</u>	<u>Probable</u>	
Criminal History Check	\$65.00	
Psychological Evaluation	250.00	
Comprehensive New Female Patient Visit	365.00	
PAP Smear	102.00	
GYN Ultrasound	538.00	
Diagnostic Hysteroscopy (Uterine Cavity Evaluation)	1,217.00	
Subtotal:	\$2,537.00	

<u>GS Laboratory Studies:</u>	<u>Probable</u>	<u>Possible</u>
HIV (Human Immunodeficiency Virus)*	\$89.00	
HBsAg (Hepatitis B) *	65.00	
HCsAb (Hepatitis C) *	92.00	
RPR (Syphilis) *	29.00	
DNA Gene Probe (Gonorrhea & Chlamydia) *	115.00	
CMV Total (Cytomegalovirus)	78.00	
ABO RH (Blood Type)	46.00	
Antibody Screen	36.00	
Rubella Ab IGG	72.00	
Rubella vaccination if not immune (injection incl.)		\$120.00
Varicella (Chicken Pox)		

Gestational Surrogacy Price List (cont.)

Varicella vaccination if not immune (injection x2 incl.)		350.00
Progesterone	120.00	
CBC w/Diff	39.00	
Electrolytes	35.00	
Urine Drug Testing	72.00	
Venipuncture (x3)	72.00	
Subtotal:		\$960.00 \$1,430.00

* 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 Gestational Surrogate **Preliminary Evaluations & Laboratory Study** fees (\$3,497 – \$3,967) will be due prior to the initiation of the GS evaluation.]

Assisted Reproductive Technology Fees

Commissioning Couple/Intended Parent ART Fees:

<u>ART Medications:</u>	<u>Probable</u>	<u>Possible</u>
Ovarian Stimulation Medications	\$2,100.00	\$3,100.00
Ovidrel or HCG	78.00	78.00
Letrozole		25.00
Ganirelix		500.00
Lupron	150.00	
Antibiotics		15.00
Subtotal:		\$2,328.00 \$3,718.00

* 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 (\$2,328 - \$3,718) will be paid for when received from the pharmacy or via mail order.]

<u>Mandatory FDA Female Testing:</u>	<u>Probable</u>	<u>Possible</u>
HIV (Human Immunodeficiency Virus) **	\$221.00	
HIV/HCV/HBV NAT		
HBsAg (Hepatitis B) **		
HCsAb (Hepatitis C) **		
Anti-HBc IGG (Core Hep B) **		
RPR (Syphilis) **		
GC/Chlamydia (via urine)		
Venipuncture	24.00	
FDA Lab Shipping Fee		145.00
Subtotal:		\$390.00 \$535.00

Gestational Surrogacy Price List (cont.)

Mandatory FDA Male Testing:

Male FDA Exam

HIV (Human Immunodeficiency Virus) **

HIV/HCV/HBV NAT

HBsAg (Hepatitis B) **

HCsAb (Hepatitis C) **

Anti-HBc IGG (Core Hep B) **

RPR (Syphilis) **

GC/Chlamydia (via urine)

HTLV I & II

CMV Total

Venipuncture

FDA Lab Shipping Fee

Probable

\$193.00

256.00

24.00

Possible

\$145.00

Subtotal:

\$473.00

\$618.00

**The FDA is now requiring additional testing prior to retrieval. Our current negotiated price for the lab tests is \$221 - \$256. This is a direct cost from the out-sourced lab and is subject to change without notice.

Follicular Monitoring:

Ultrasounds (x4)

Estradiol Blood Tests (x4)

Venipuncture (x4)

Probable

\$632.00

480.00

96.00

Possible

Subtotal:

\$1,208.00

Egg Retrieval and Laboratory Fees:

Anesthesia

Egg Retrieval

Ultrasound Guidance

Andrology/Embryology Lab Fees

Preparation of Embryos for Transfer

Embryo Transfer

Probable

\$716.00

1,805.00

346.00

7000.00

183.00

1,805.00

Subtotal:

\$11,855.00

[All **Follicular Monitoring, FDA, Egg Retrieval, Andrology/Embryology Laboratory, and Embryo Transfer** fees (\$13,781) 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).

Gestational Surrogacy Price List (cont.)

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)

<u>GS Medications:</u>	<u>Probable</u>	<u>Possible **</u>
Estradiol Valerate	\$400.00	\$600.00
Progesterone / Vaginal	593.00	
Lupron *	300.00	450.00
Subtotal:	\$1,293.00**	\$1,643.00

* 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

<u>GS Recipient Monitoring:</u>	<u>Probable</u>
Estrogen Levels (x9)	\$1080.00
Ultrasounds (x3)	474.00
Venipuncture (x9)	216.00
Subtotal	\$1,770.00

<u>GS Post Transfer Fees:</u>	<u>Probable</u>	<u>Possible</u>
Blood Pregnancy Test (Not Prepaid)	110.00	
Venipuncture (Not Prepaid)	25.00	
Subtotal:	\$135.00	

The GS medications (**\$1293 - \$1643**) will be purchased at the pharmacy and will be due upon time of service. **GS Monitoring Fees (\$1,770)** will be due by cycle start date.

It is possible that another less costly replacement protocol would be advised with a potential savings of approximately \$1556 on medications and monitoring prior to the embryo transfer and another \$1374 once pregnancy is achieved. We are randomizing patients between protocols at this time so there is no guarantee which protocol will be recommended for you.

Positive Pregnancy In a Replacement Cycle

<u>Once Pregnancy Is Achieved:</u>	<u>Probable</u>	<u>Possible</u>
Blood Pregnancy Test (x2)	\$220.00	
Progesterone / Vaginal (Paid to Pharmacy)	1,384.00	
Estradiol Valerate (Paid to Pharmacy)	400.00	
Progesterone Level	122.00	
Estrogen Level (x5)	610.00	
Venipuncture (x7)	175.00	
Pregnancy Ultrasounds (x2)	900.00	

Gestational Surrogacy Price List (cont.)

Subtotal: \$3,811.00

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)**

<u>ART Medications:</u>	<u>Probable</u>	<u>Possible</u>
Urinary LH monitoring	\$55.00	Paid to pharmacy
Ovidrel or HCG	78.00	Paid to pharmacy
Prometrium	120.00	Paid to pharmacy
Subtotal:	\$253.00	

As part of the Dream Discount Plus Program, there is a 20% discount on Frozen Embryo Transfer Fees. Please see the Dream Discount Plus Flyer for more details.

<u>Natural Cycle FET:</u>	<u>Probable</u>
Cycle Fee	\$178.00
Blood LH levels (X3)	360.00
Estradiols (X3)	360.00
Ultrasounds (X3)	474.00
Venipuncture (X3)	72.00
Preparation of Frozen Embryos for transfer	600.00
Thawing of Cryopreserved Embryo(s)	300.00
Assisted Hatching	716.00
Embryo Transfer	1,805.00
Blood Pregnancy Test (Not prepaid)	110.00
Venipuncture (Not pre paid)	25.00
Subtotal:	\$5,000.00

[**Frozen Embryo Transfer** fees (\$4,865) will be prepaid before the initiation of the transfer cycle.]

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)	\$220.00	
Venipuncture (x2)	50.00	
Progesterone Level	122.00	
Prometrium	120.00	Paid to pharmacy
Pregnancy Ultrasounds (x2)	900.00	
Subtotal:	\$1,412.00	

[Charges that occur **Once Pregnancy is Achieved** (\$1,292.00) will be due when the GS has a positive pregnancy test.]

Summary of Financial Responsibilities

Gestational Surrogacy Price List (cont.)

<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Commissioning Couple/Intended Parent Evaluation Fees</u>	\$4,812 - \$5,240	At Time of Service
<u>Gestational Surrogate Evaluation Fees</u>	\$3,462 - \$3,932	Prepayment
<u>Commissioning Couple Medications</u>	\$2,328 - \$3,718	Paid to Pharmacy
<u>Commissioning Couple/Intended Parent ART Fees (Variable)</u>	\$13,781	Prepayment
<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Gestational Surrogate Replacement Meds</u>	\$1,293 - \$1,643	Paid to Pharmacy
<u>Replacement Cycle Monitoring Fees (Fresh)</u>	\$1,770	Prepayment
<u>Replacement Cycle Transfer Fees (Frozen) (Variable)</u>	\$5,010	Prepayment
<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Gestational Surrogate Natural Cycle Meds</u>	\$253	Paid to Pharmacy
<u>Natural Cycle GS-FET</u>	\$4,865	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