

FINANCIAL CONDITIONS & PAYMENT SCHEDULE

Embryo Thaw and Transfer (ET & T) - Estrace or Estrace/Lupron Protocol

TERMS AND CONDITIONS

- Patients must complete payment on all previous services before undergoing an Embryo Thaw and Transfer cycle. Please call our University Fertility Consultants Billing Coordinator at (503) 418-3712 and our Andrology/Embryology Laboratory Billing Coordinator at (503) 418-3760 for account balances.
- Medications are payable at the time of dispensing and are non-refundable.
- Medications are prescribed based upon the unique cycle and subject to change for each individual patient.

The following procedures and charges are for a standard ET&T cycle, but actual treatment may vary:

University Fertility Consultants - Physician Fees per ET & T Cycle	<u>Estrace</u>	<u>Estrace/Lupron</u>	<u>Satellite</u>	PAYMENT DUE DATE:
Catheter (2 @ \$70/ea.)	\$160	\$160	\$160	
Cycle Management	150	150	150	
Embryo Transfer	300	300	300	
Follicular Scan - ‡ 2 @ \$250/ea.	250	‡500	0	
Venipuncture - Blood Draw Fee (2 @ \$15/ea.)	15	30	0	
SART Recording Fee	50	50	50	
UNIVERSITY FERTILITY CONSULTANTS ESTIMATED TOTAL	\$925*	\$1,190*	\$660*	
<u>Andrology/Embryology Laboratory Fees</u>	<u>Estrace</u>	<u>Estrace/Lupron</u>	<u>Satellite</u>	
Embryo Thaw	\$150	\$150	150	
Embryo Transfer	180	180	180	
Hormone Assay: Estradiol	0	70	0	
HCG (Pregnancy Test)	60	60	0	
ANDROLOGY/EMBRYOLOGY ESTIMATED TOTAL	\$390*	\$460*	\$330*	
EMBRYO THAW & TRANSFER ESTIMATED TOTAL	\$1,315*	\$1,650*	\$990*	
Average Medication Costs for an Estrace Cycle (using Estrace and Progesterone)		\$250		
Average Medication Costs for an Estrace/Lupron Cycle (Lupron, Estrace, Progesterone)		\$850		

* A charge of \$150 each will be added if there are additional thaws in the same cycle. Assisted hatching if needed is \$250. Additional charges may accrue prior to and during the IVF cycle which will be billed to the patient.

DISCLOSURE: The actual fees and services outlined in the Financial Conditions are subject to change at any time and are only an estimation of a stand-ard cycle as each cycle is unique. If medically necessary procedures and/or complications develop as a result of the cycle, the patient will be responsible for full customary hospital, pharmaceutical and physician fees. No returns and no refunds will be made for medications.

The **PAYMENT SCHEDULE** is outlined on the reverse side. Deposits may be adjusted when preauthorization of insurance benefits are obtained.

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Patients will receive billing for an ET & T cycle from:

1. University Fertility Consultants; 2. Andrology/Embryology Laboratory

Two separate payments shall be made by cash, credit card or checks as outlined below:

NOTICE: All accounts must have a zero balance at the beginning of the treatment cycle. Additional required services and medications are not included in the below pricing.		CYCLE		
		Estrace	Estrace/Lupron	Satellite
DEPOSIT DATE	PAYABLE TO			
Prior to starting ET&T procedure	1. University Fertility Consultants 2. Andrology Lab	\$925 \$390	\$1,190 \$460	\$660 \$330

Each patient account will be rectified post embryo transfer and any balance will be due at the completion of the cycle. If the account has a credit, a refund will be issued. If the patient fails to complete a cycle, accumulated charges will be deducted from the deposit and a refund will be issued.

ACCEPTANCE:

I have read and understand Pages 1 and 2 of the Embryo Thaw and Transfer (ET&T) FINANCIAL CONDITIONS. I agree and understand the TERMS and CONDITIONS, DISCLOSURE and PAYMENT SCHEDULE. I understand that University Fertility Consultants will provide services outlined herein. Furthermore, I assume financial responsibility for these services provided, and any additional medically necessary services as a result of the Embryo Thaw and Transfer (ET&T) procedure. I agree to make the DEPOSIT and keep my account status current at all times.

Patient Signature

Date

Print Patient Name and OHSU Medical Record Number