

FINANCIAL CONDITIONS & PAYMENT SCHEDULE

Ultrasound Guided *In Vitro* Fertilization with Embryo Transfer (IVF-ET) with Anonymous Egg Donation

TERMS AND CONDITIONS

Standard IVF-ET with Anonymous Egg Donation cycle procedures and fees are outlined herein. Separate services and fees that are in addition to the standard cycle fees are contingent upon the individual cycle.

- Patient (and partner) office consultation with a Reproductive Endocrinology physician is required prior to participating in the IVF program. **Phone (503) 418-3700 to schedule an appointment and inquire about the fee.**
- If donor sperm and/or donor egg are used for the IVF cycle, a consultation with Paula Acker, L.C.S.W. is required. **Phone (503) 940-5777 to schedule an appointment and inquire about the fee.**
- All laboratory **blood screening tests** for patient and partner are separate and will be billed to the patient.
- Andrology laboratory screening tests/services are separate and due at the time of service.
- Medications are payable at the time of dispensing and are non-refundable.

The following procedures and fees are for a standard IVF-ET with Anonymous Egg Donation cycle, but actual treatment may vary:

University Fertility Consultants - Physician Fees per IVF with Egg Donation Cycle		PAYMENT DUE DATE:
Oocyte (Egg) Retrieval	\$ 645	
Endocrine Management	900	
Embryo Transfer	300	
Catheter (x 2)	160	
Medical Supplies	375	
Follicular Scan (\$250 each x 5) Donor; (\$250 x 2) Recipient	1,750	
Venipuncture - Blood Draw (\$15 each x 5) Donor; (\$15 x 2) Recipient	105	
SART Recording Fee	50	
<u>Donor Fees</u>		
Screening Studies/Consult/Instruction	\$4,300	
Donor/Recipient Insurance	400	
Donor Compensation	5,000	
Medication deposit for donor (prices may vary)	3,200	
UNIVERSITY FERTILITY CONSULTANTS ESTIMATED TOTAL	\$17,185*	
Andrology/Embryology Laboratory Fees		
Embryo Culture (Egg recovery @ \$750, Sperm prep @ \$120, Embryo culture & fertilization @ \$700, Extended culture @ \$150, and Embryo transfer @ \$180)	\$1,900	
Cryopreservation	575	
Hormone Assays		
Estradiol (\$70 each x 5) Donor; (\$70 each x 1) Recipient	420	
hCG	60	
Intracytoplasmic Sperm Injection	1,100	
ANDROLOGY/EMBRYOLOGY ESTIMATED TOTAL:	\$4,055*	
Anesthesia Department	\$510	
OUT-OF-STATE satellite management fee for IVF	\$750	
Average Medication Costs per Cycle for the Recipient is \$800-850		

* Although quantity will vary, the average number of estradiols, follicular scans and blood draws per cycle is five, with one HCG. A charge of \$475 will be added if there are additional embryo freezes in the same cycle. Assisted hatching, if needed is \$250. Additional charges may accrue prior to and during the IVF cycle that will be billed to the patient.

DISCLOSURE: One pregnancy test is included in the above pricing. The actual fees and services outlined in the Financial Conditions are subject to change at any time and are only an estimation of a standard 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. Foreign drugs are not permitted for stimulation of donor cycle.

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

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Billing for an IVF-ET cycle is from three sources:

1. University Fertility Consultants
2. Andrology/Embryology Laboratory
3. Department of Anesthesia

Separate payments shall be made by cash, credit card or check as outlined below:

NOTICE		
<ul style="list-style-type: none"> • 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. 		
DEPOSIT DATE	PAYABLE TO	AMOUNT
Prior to donor beginning medication	University Fertility Consultants	\$17,185 (If out-of-State, add a Management Fee of \$750)
	Andrology Lab	\$4,055
	Anesthesia	\$510

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 donor or recipient fails to complete a cycle, or the cycle is canceled by the physician, accumulated charges will be deducted from the deposit and the donor will be compensated for the portion of the cycle in which she has completed. The compensation is to be decided by the IVF Program Director and is the financial responsibility of the recipient.

ACCEPTANCE:

I have read and understand Pages 1 and 2 of the Ultrasound Guided *In Vitro* Fertilization Embryo Transfer (IVF-ET) with Anonymous Egg Donation 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 Ultrasound Guided *In Vitro* Fertilization Embryo Transfer (IVF-ET) with Anonymous Egg Donation 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