

FINANCIAL CONDITIONS & PAYMENT SCHEDULE
Ultrasound-Guided *In Vitro* Fertilization with Embryo Transfer (IVF-ET)

TERMS AND CONDITIONS

Standard IVF-ET 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 cycle, but actual treatment may vary:

University Fertility Consultants - Physician Fees per IVF Cycle		PAYMENT DUE DATE:
Oocyte (Egg) Retrieval	\$ 645	
Endocrine Management	450	
Embryo Transfer	300	
Catheter (x 2)	160	
Medical Supplies	375	
Follicular Scan (\$250 each x 6)	1,500	
Venipuncture - Blood Draw (\$15 each x 7)	105	
SART Recording Fee	50	
UNIVERSITY FERTILITY CONSULTANTS ESTIMATED TOTAL		
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	
Serum Hormone Levels		
Estradiol (\$70 each x 6)	420	
HCG (Pregnancy Test)	60	
ANDROLOGY/EMBRYOLOGY ESTIMATED TOTAL:		
WITHOUT Intracytoplasmic Sperm Injection (ICSI)		\$2,955*
WITH ICSI - \$1100		\$4,055*
Anesthesia Department		\$510
Average Medication Costs per Cycle: \$2500-3500 for women less than 35 yrs., and \$3500-4500 for women at or more than 35 yrs.		

* Although quantity will vary, the average number of estradiols, follicular scans and blood draws per cycle is six, 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 which 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.

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

FINANCIAL CONDITIONS & PAYMENT SCHEDULE
Ultrasound-Guided *In Vitro* Fertilization with Embryo Transfer (IVF-ET)

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

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

Three precycle deposits shall be made by cash, credit card or checks prior to beginning medications as outlined below:

NOTICE	DEPOSIT	PAYABLE TO	AMOUNT
	All accounts must have a zero balance at the beginning of the treatment cycle. Additional required services and medications are not included in the pricing.	1	University Fertility Consultants
2		Andrology Lab	\$2,955 <i>without</i> ICSI OR \$4,055 <i>with</i> ICSI
3		Anesthesia	\$510

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 above pricing.

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 Ultrasound-Guided *In Vitro* Fertilization Embryo Transfer (IVF-ET) 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) procedure. I agree to make the appropriate deposits and keep my account status current at all times.

All or part of these services may not be reimbursable by your insurance carrier. I accept financial responsibility for all services not reimbursed by my insurance carrier.

Patient Signature

Date

Print Patient Name and OHSU Medical Record Number