

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Dream Discount PLUS Program Consent Gestational Surrogacy *Price List (2024)*

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% and 50%** off of our 2024 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 Cycle 1</i>	<i>40% Off Cycle 2</i>	<i>50% Off Cycle 3</i>
<b>Gestational Surrogacy</b> (2024 fees: \$28,720)	<b>\$22,508.50</b>	<b>\$19,970.00</b>	<b>\$17,531.50</b>

### 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:

Preliminary Discussions with Contract Negotiations	\$2,500.00	\$3,000.00
Surrogate Legal Representation	\$800.00	\$1,500.00
Accounting Services	\$1,800.00	\$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
Post-Delivery Legal/Court Fees	\$2,950.00	\$3,550.00
<b>Subtotal:</b>	<b>\$34,050.00</b>	<b>\$57,550.00</b>

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

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Gestational Surrogacy Price List (cont.)

- 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.

**General:**

These services may be billed to your insurance if the coverage is available. If treatment for infertility is a covered service (Gestational Surrogacy), we will bill your insurance company and collect any co-payments due at the time of your baseline appointment. 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. The fees below are the estimated totals without insurance. Cycle Fees are collected on or before baseline. All Initial Intake, Female and Male Study fees will be due at the time of service.

**Gestational Surrogate DDPP 2024**

<b>Fees Included in The DDPP</b>	<b>Fees <u>Not</u> Included in The DDPP</b>
<ul style="list-style-type: none"> <li>• Case management</li> <li>• Ultrasound monitoring</li> <li>• Egg retrieval</li> <li>• Embryology/Andrology laboratory fees</li> <li>• Embryo transfer procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Initial evaluation and treatment procedures</li> <li>• Medication costs</li> <li>• Other fees generated by outside entities that are not under the control of SRMS</li> <li>• Embryo cryopreservation and storage x12 months</li> </ul>

Fees not discounted include: anesthesia and outside laboratory fees.

**Gestational Surrogate Evaluation:**

**GS Medications:**

Estimated Medication Cost \$1,500.00-\$2,500.00

The 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. In addition, Pharmacy prices may change and are out of the control of SRMS. **Fees for medications are paid directly to the pharmacy.**

All Gestational Surrogate (GS) **Preliminary Evaluations & Laboratory Study** fees will be due prior to the initiation of the GS evaluation.

<b>Gestational Surrogate Procedure</b>	<b>Code</b>	<b>Base Fee</b>	<b>30% Discount</b>	<b>40% Discount</b>	<b>50% Discount</b>
Comprehensive New Female Patient Exam	99205	\$426.00	\$298.20	\$255.60	\$213.00
HIV (I&II)	86703	\$105.00	\$105.00	\$105.00	\$105.00
HBsAg (Hepatitis B)	87340	\$99.00	\$99.00	\$99.00	\$99.00
HcSAB (Hepatitis C)	86803	\$59.00	\$59.00	\$59.00	\$59.00
RPR (Syphilis)	86592	\$49.00	\$49.00	\$49.00	\$49.00
DNA Gene Probe (GC/Chlamydia)	87491	\$139.00	\$139.00	\$139.00	\$139.00
CMV Igg Ab	86644	\$104.00	\$104.00	\$104.00	\$104.00
ABO & RH (Blood type)	86901	\$39.00	\$39.00	\$39.00	\$39.00
Rubella Ab IGG	86762	\$129.00	\$129.00	\$129.00	\$129.00
Varicella IGG	86787	\$114.00	\$114.00	\$114.00	\$114.00

Gestational Surrogacy Price List (cont.)

Antibody Screen (RBC)	86850	\$55.00	\$55.00	\$55.00	\$55.00
Urine Drug Screen	80100	\$88.00	\$88.00	\$88.00	\$88.00
CBC w/Diff	85025	\$44.00	\$44.00	\$44.00	\$44.00
Progesterone	84144	\$140.00	\$140.00	\$140.00	\$140.00
Electrolyte Panel	80051	\$42.00	\$42.00	\$42.00	\$42.00
PAP Smear (Thin Prep)	88142	\$115.00	\$115.00	\$115.00	\$115.00
Venipuncture	36415	\$29.00	\$20.30	\$17.40	\$14.50
Complete GYN (Non OB)	76830	\$610.00	\$427.00	\$366.00	\$305.00
Diagnostic Hysteroscopy	58555	\$1,380.00	\$966.00	\$828.00	\$690.00
Psychological Counseling	PSYCH	\$400.00	\$400.00	\$400.00	\$400.00
Criminal History Check	CHXCH	\$86.00	\$86.00	\$86.00	\$86.00
US	76857	\$253.00	\$177.10	\$151.80	\$126.50
US	76857	\$253.00	\$177.10	\$151.80	\$126.50
US	76857	\$253.00	\$177.10	\$151.80	\$126.50
Venipuncture	36415	\$29.00	\$20.30	\$17.40	\$14.50
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Venipuncture	36415	\$29.00	\$20.30	\$17.40	\$14.50
Venipuncture	36415	\$29.00	\$20.30	\$17.40	\$14.50
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
E2	82670	\$168.00	\$168.00	\$168.00	\$168.00
<b>Embryo Transfer</b>					
Preparation of embryo for transfer	89255	\$650.00	\$455.00	\$390.00	\$325.00
Fresh Embryo Transfer	58974	\$2,500.00	\$1,750.00	\$1,500.00	\$1,250.00
	<b>Total</b>	<b>\$9,934.00</b>	<b>\$7,949.50</b>	<b>\$7,288.00</b>	<b>\$6,626.50</b>

**Commissioning Couple/Intended Parent Evaluation:**

**ART Medications:**

Estimated Medication Cost **\$3,000.00 - \$5,900.00**

The 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. In addition, Pharmacy prices may change and are out of the control of SRMS. **Fees for medications are paid directly to the pharmacy.**

Gestational Surrogacy Price List (cont.)

**Preliminary Evaluation:**

*Criminal History Check	\$86.00
*Psychological Evaluation or Parenting Class	\$400.00
Comprehensive New Female Patient Visit	\$426.00
Comprehensive New Male Patient Visit	\$226.00

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**Subtotal: \$1,138.00**

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

**Female Laboratory Studies:**

HIV (Human Immunodeficiency Virus)	\$105.00
HBsAg (Hepatitis B) *	\$99.00
HCsAb (Hepatitis C) *	\$59.00
RPR (Syphilis) *	\$49.00
DNA Gene Probe (Gonorrhea & Chlamydia)	\$139.00
PAP Smear	\$115.00
ABO RH (Blood Type)	\$39.00
Progesterone	\$140.00
CBC	\$44.00
Electrolytes	\$42.00
FSH (Follicle Stimulating Hormone)	\$140.00
*Genetic Testing	\$555.00
Venipuncture (x3)	\$87.00

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**Subtotal: \$1,613.00**

\*The Genetic 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.

**Male Laboratory Studies:**

HIV (Human Immunodeficiency Virus)	\$105.00
HBsAg (Hepatitis B)	\$99.00
HCsAb (Hepatitis C)	\$59.00
RPR (Syphilis)	\$49.00
DNA Gene Probe (Gonorrhea & Chlamydia)	\$139.00
Urine evaluation)	
CMV Total	85.00
ABO RH (Blood Type)	\$39.00
Venipuncture (x1)	\$29.00
Semen Analysis/Antibody Screen	\$250.00
SA/Cryopreservation Sperm	\$600.00

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**Subtotal: \$1,454.00**

Gestational Surrogacy Price List (cont.)

Intended Parents Procedure		Procedure	Fee	30% Discount	40% Discount	50% Discount
Cycle Fees		99366	\$820.00	\$574.00	\$492.00	\$410.00
FDA Female Exam		99205	\$426.00	\$298.20	\$255.60	\$213.00
Venipuncture		36415	\$29.00	\$20.30	\$17.40	\$14.50
FDA Donor Panel - <b>Female</b>		FDA 5	\$255.00	\$255.00	\$255.00	\$255.00
- HIV (I & II)						
- HIV/HCV NAT						
HBsAg (Hepatitis B)						
- HCsAB (Hepatitis C)						
- HBc IgG						
- RPR (Syphilis)						
- GC/Chlamydia						
FDA male exam		99203	\$226.00	\$158.20	\$135.60	\$113.00
Venipuncture		36415	\$29.00	\$20.30	\$17.40	\$14.50
FDA Donor Panel - <b>Male</b>		FDA 5	\$293.00	\$293.00	\$293.00	\$293.00
HIV (I & II)						
HIV/HCV NAT						
HBsAg (Hepatitis B)						
HCsAB (Hepatitis C)						
HBc IgG						
RPR (Syphilis)						
HTLV I & II						
CMV						
GC/Chlamydia						
US		76857	\$253.00	\$177.10	\$151.80	\$126.50
US		76857	\$253.00	\$177.10	\$151.80	\$126.50
US		76857	\$253.00	\$177.10	\$151.80	\$126.50
US		76857	\$253.00	\$177.10	\$151.80	\$126.50
Venipuncture		36415	\$29.00	\$20.30	\$17.40	\$14.50
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Venipuncture		36415	\$29.00	\$20.30	\$17.40	\$14.50
E2		82670	\$168.00	\$168.00	\$168.00	\$168.00
E2		82670	\$168.00	\$168.00	\$168.00	\$168.00
E2		82670	\$168.00	\$168.00	\$168.00	\$168.00
E2		82670	\$168.00	\$168.00	\$168.00	\$168.00
Anesthesia		99144	\$800.00	\$800.00	\$800.00	\$800.00
Egg Retrieval		58970	\$2,641.00	\$1,848.70	\$1,584.60	\$1,320.50
Ultrasound Guidance		10022	\$522.00	\$465.40	\$313.20	\$261.00
	<b>Total</b>		<b>\$6,837.00</b>	<b>\$6,194.70</b>	<b>\$5,512.60</b>	<b>\$4,930.50</b>
<b>Embryology/Andrology Fees</b>						
MESA/TESA sperm identification		89264	\$580.00			

Gestational Surrogacy Price List (cont.)

Semen Wash/Isolate Complex		89261	\$609.00			
Oocyte Identification		89254	\$920.00			
Insemination of Oocytes		89268	\$982.00			
ICSI Oocytes		89280	\$2,503.00			
Culture of Oocytes/Embryos		89250	\$5,455.00			
Assisted Embryo Hatching		89253	\$900.00			
<b>Total Bundled Package Fee</b>			<b>\$11,949.00</b>	<b>\$8,364.30</b>	<b>\$7,169.40</b>	<b>\$5,974.50</b>
		<b>TOTAL</b>	<b>\$18,786.00</b>	<b>\$14,559.00</b>	<b>\$12,682.00</b>	<b>\$10,905.00</b>
<b>Surrogate Charges</b>		<b>S4015</b>	<b>\$9,934.00</b>	<b>\$7,949.50</b>	<b>\$7,288.00</b>	<b>\$6,626.50</b>
<b>Intended Parents Charges</b>		<b>S4011</b>	<b>\$18,786.00</b>	<b>\$14,559.00</b>	<b>\$12,682.00</b>	<b>\$10,905.00</b>
		<b>TOTAL</b>	<b>\$28,720.00</b>	<b>\$22,508.50</b>	<b>\$19,970.00</b>	<b>\$17,531.50</b>
		<b>2024 DDPP</b>		<b>\$22,508.50</b>	<b>\$19,970.00</b>	<b>\$17,531.50</b>
<b>Embryo Cryopreserve &amp; Storage</b>						
Cryopreservation of Embryos		89258	\$900.00	\$900.00	\$900.00	\$900.00
Storage of Embryos		89342	\$800.00	\$800.00	\$800.00	\$800.00

**Positive Pregnancy In a Replacement Cycle**

Charges that occur **Once Pregnancy Is Achieved** will be due at the time of service. These services may be billed to the Gestational Surrogate’s insurance if coverage is available.

**Once Pregnancy Is Achieved:**

Blood Pregnancy Test (x2)	\$220.00
Progesterone / Vaginal (Paid to Pharmacy)	\$1,384.00
Estradiol Valerate (Paid to Pharmacy)	\$400.00
Progesterone Level	\$130.00
Estrogen Level (x5)	\$610.00
Venipuncture (x7)	\$196.00
Pregnancy Ultrasounds (x2)	\$1,010.00

**Subtotal: \$3,950.00**

**The incurred costs estimated here are not guaranteed.** Individual variability often results in an unpredictable number of ultrasounds, blood tests and medication vials administered.

Embryology fees include Intra-Cytoplasmic Sperm Injection (ICSI) and Laser Assisted Hatching (AH). ***There are no hidden embryology fees compared to other IVF programs.***

All three cycles must be initiated within an 18-month time frame to qualify for the fee reductions according to the ART schedule as set up by SRMS. Frozen embryo transfers are discounted 20% regardless of the number of procedures performed as long as the DDPP is active.

This offer is being made available for a limited time and cannot be combined with any other discounts. Patient must be 21 years of age or older, void where prohibited.

These price reductions have been made available starting 1/1/2023. SRMS reserves the right to discontinue the DDPP program at any time. Fees are subject to change without notice.

Gestational Surrogacy Price List (cont.)

We have read the information above and our questions were answered to our satisfaction. We agree to participate in this limited opportunity to grow my/our family here at SRMS. Furthermore, we agree to be responsible for the payment of charges.

**Cycle#1 - 30% Discount**

_____ Patient's Signature	_____ Patient's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ Office Personnel Signature	_____ Office Personnel Name (print)	____/____/____ Date
_____ Physician's Signature	_____ Physician's Name (print)	____/____/____ Date

**Cycle#2 - 40% Discount**

_____ Patient's Signature	_____ Patient's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ Office Personnel Signature	_____ Office Personnel Name (print)	____/____/____ Date
_____ Physician's Signature	_____ Physician's Name (print)	____/____/____ Date

**Cycle#3 - 50% Discount**

_____ Patient's Signature	_____ Patient's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ Office Personnel Signature	_____ Office Personnel Name (print)	____/____/____ Date
_____ Physician's Signature	_____ Physician's Name (print)	____/____/____ Date

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