

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Conventional Surrogacy Price List *Price List (2012)*

General:

The following are the charges incurred during a Conventional 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 Conventional Surrogacy. If Conventional Surrogacy is a covered service, we will bill your insurance company and collect any co-payments due at the time of service. If Conventional 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.

Conventional Surrogacy Legal Fees

All legal fees need to be discussed in detail with your attorney and the attorney representing the Conventional Surrogate (CS). 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	\$2,000.00	
Surrogate Legal Representation	500.00	\$1,500.00
Accounting Services	750.00	
Reasonable Living Expenses For The Surrogate	10,000.00	\$25,000.00
Reasonable Medical Expenses	1,000.00	7,000.00
Post-Delivery Legal/Court Fees	1,100.00	
Subtotal:	\$15,350.00	\$37,350.00

There are potential costs that do not allow for clear estimates to be made:

- Pregnancy complications costs (maternal/fetal/multiple pregnancy/unexpected delivery fees)
- Costs for uterine evacuation procedures for spontaneous pregnancy losses
- Costs for selective reduction in multi-fetal pregnancies (triplets or more)
- Costs for termination of a genetically abnormal pregnancy (rare)
- Ongoing psychologic counseling costs (pregnancy and post-partum)
- Medical complication costs (rare)

Conventional Surrogate Evaluation Fees

<u>Surrogate Preliminary Evaluation:</u>	<u>Probable</u>	<u>Possible</u>
Criminal History Check	\$61.00	
Psychological Evaluation	250.00	
Comprehensive New Female Patient Visit	338.00	
PAP Smear	94.00	
Uterine Cavity Evaluation (GYN Ultrasound or Diagnostic Hysteroscopy)	498.00	\$995.00
Conventional Surrogacy Cycle Management Fees (Paid at the time of cycle registration)	611.00	
Subtotal:	\$1,852.00	\$2,349.00
<u>Surrogate Screening Tests:</u>	<u>Probable</u>	<u>Possible</u>
HIV (Human Immunodeficiency Virus)*	\$82.00	
HBsAg (Hepatitis B) *	60.00	
HCsAb (Hepatitis C) *	85.00	
RPR (Syphilis) *	27.00	
DNA Gene Probe (Gonorrhea & Chlamydia) *	106.00	
CMV (Cytomegalovirus)	72.00	
ABO RH (Blood Type)	43.00	
Antibody Screen	33.00	
Rubella Ab IGG	67.00	
Rubella vaccination if not immune (injection incl..)		\$111.00
Varicella (Chicken Pox)		
Varicella vaccination if not immune (injection x2 incl.)		324.00
Progesterone	111.00	
CBC w/ Diff	36.00	
FSH (Follicle Stimulating Hormone)	111.00	
Cystic Fibrosis †	351.00	
Urine Drug Screen	67.00	
Venipuncture (x3)	66.00	
Subtotal:	\$1,317.00	\$1,752.00

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

†: Commonly done if the CS is Caucasian. Additional genetic testing is race and ancestry-specific and goes beyond the scope of this discussion. Additional fees will be discussed with the Commissioning Couple/Intended Parent prior to being performed.

Depending upon the ancestry of the CS, additional screening studies for inheritable diseases may be requested. As an example, an African-American Conventional Surrogate will be screened for Sickle Cell Trait. Whenever possible, these tests will be discussed with the Commissioning Couple/Intended Parent before being requested.

The frequency of testing of any of the items above during pregnancy is at the discretion of the Commissioning Couple/Intended Parent, CS and the Obstetrician and should be outlined in the legal contracts.

Conventional Surrogacy Price List (cont.)

[All **Conventional Surrogacy Evaluation Fees (\$3,169 – 4,101)** will be due prior to the initiation of the CS evaluation.]

Commissioning Couple/Intended Parent Evaluation Fees

<u>Male Studies:</u>	<u>Probable</u>	<u>Possible *</u>
Criminal History Check		\$60.00
Parenting Class		75.00
Psychological Evaluation *	\$250.00	
Intermediate New Male Patient Visit	246.00	
HIV (Human Immunodeficiency Virus) α	82.00	
HBsAg (Hepatitis B) α	60.00	
HCsAb (Hepatitis C) α	85.00	
RPR (Syphilis) α	27.00	
DNA Gene Probe (Gonorrhea & Chlamydia via urine)α	106.00	
CMV (Cytomegalovirus) †	72.00	
ABO RH (Blood Type)	43.00	
Venipuncture (x1)) α	22.00	
Subtotal:	\$993.00	\$1,128.00

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

α: Some men may request that their semen be cryopreserved prior to the procedure. This will be discussed in your case management. If the semen is to be cryopreserved repeated testing of these labs every 6 months will be needed.

†: CMV testing of the male will only be done if the surrogate is CMV IgG negative.

<u>Semen Testing & Cryopreservation:</u>	<u>Probable</u>	<u>Possible *</u>
Semen Analysis/ ASAS	\$183.00	
Semen Culture	27.00	
Semen Cryopreservation, With Post-Thaw Analysis (Cryosurvival Factor)	415.00	
Cryopreservation of additional two specimens	\$830.00	
Storage fees for three specimens x 1 year	397.00	
Subtotal:	\$1,852.00	

Semen Cryopreservation Prices may vary and are subject to change without notice. An additional storage fee will be charged to persons wishing more than three ejaculates stored.

Mandatory FDA Male Testing:

HIV (Human Immunodeficiency Virus) **	\$256
HIV/HCV/HBV NAT	(packaged)
HBsAg (Hepatitis B) **	(packaged)
HCsAb (Hepatitis C) **	(packaged)
Anti-HBc IGG (Core Hep B) **	(packaged)
RPR (Syphilis) **	(packaged)
GC/Chlamydia (via urine)	(packaged)

Conventional Surrogacy Price List (cont.)

HTLV I & II	(packaged)
CMV IgG	(packaged)
Venipuncture	22.00
FDA Lab Shipping Fee	75.00

Subtotal: \$353.00

** The FDA is now requiring additional testing prior to insemination. Our current negotiated price is \$353.00. This is a direct cost from the out sourced lab and is subject to change without notice.

[All **Commissioning Couple/Intended Parent Evaluation Fees (\$3,198 – 3,333.00)** will be due at the time of service]

Conventional Surrogacy Insemination Fees

<u>Conventional Surrogate Monitoring:</u>	<u>Probable</u>	<u>Possible</u>
Urinary LH monitoring	\$55.00	Paid to pharmacy
Estrogen Levels (x2)	222.00	
LH Levels (x2)	222.00	
Ultrasounds (x2)	292.00	
Venipuncture (x2)	44.00	
HCG injection	112.00	
Therapeutic Injection	43.00	

Subtotal: \$990.00

<u>IUI Visit:</u>	<u>Probable</u>	<u>Possible</u>
Thaw and preparation of cryopreserved sperm (mini-prep)	\$377.00	
Insemination (IUI)	400.00	
Urine Pregnancy Test (given to surrogate)	32.00	

Subtotal: \$809.00

[All **Conventional Surrogacy Insemination Fees (\$1,799.00)** will be requested prior to the IUI month.] These are potentially recurring fees that will be paid prior to each month the IUI is attempted.

<u>Total Conventional Surrogacy Fees:</u>	<u>Probable</u>	<u>Possible</u>
Total:	\$8,166.00	\$9,233.00

Potential Costs Following Successful Conventional Surrogacy

<u>Once Pregnancy Is Achieved:</u>	<u>Probable</u>	<u>Possible</u>
Blood Pregnancy Test (x3)	\$300.00	
Progesterone Level	111.00	
Venipuncture (x3)	66.00	
Pregnancy Ultrasounds (x2)	816.00	

Subtotal: \$1,293.00

Conventional Surrogacy Price List (cont.)

If we participate with the Conventional Surrogate's insurance company, we will verify benefits prior to performing the above. If the services are covered, we will bill the Surrogate's insurance company. The Commissioning Couple/Intended parent will be responsible for any co-pay fees.

[Charges that occur **Once Pregnancy is Achieved** (\$1,293.00) will be due at the time the services are rendered.]

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, Discover & 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 have read the information above and 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 (print)	Date
_____	_____	___/___/___
Intended Parent Signature	Intended Parent (print)	Date
_____	_____	___/___/___
Office Personnel Signature	Office Personnel Name (print)	Date
_____	_____	___/___/___
Physician's Signature	Physician's Name (print)	Date

Updated: 12/13/2011

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