

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Frozen Embryo Transfer Price *Price List (2012)*

Natural Cycle Frozen Embryo Transfer:

When possible, a natural cycle Frozen Embryo Transfer (FET) procedure will be performed. In this process, we simply identify the time of ovulation with relative accuracy and transfer the embryos into the uterus through the cervix at the appropriate time.

All FET cycles are generally offered throughout the year, although limitations in the schedule for staff at SRMS may occasionally limit certain periods of time for transfer.

Natural Cycle Frozen Embryo Transfer Medication & Cycle Fees

<u>ART Medications:</u>	<u>Probable</u>	<u>Possible</u>
Urinary LH monitoring	\$55.00	Paid to pharmacy
Antibiotics	11.00	Paid to pharmacy
Ovidrel or HCG	80.00	Paid to pharmacy
Prometrium	72.00	Paid to pharmacy
Corticosteroids	11.00	Paid to pharmacy
Subtotal:	\$229.00	

<u>Natural Cycle FET:</u>	<u>Probable</u>
Case Management Fee	\$165.00
(Paid at time of cycle registration)	
Blood LH levels (X3)	333.00
Estradiol (X3)	333.00
Ultrasounds (X3)	438.00
Venipuncture (X3)	66.00
Preparation of Frozen Embryos for transfer	824.00
Embryo Transfer	1,671.00
Blood Pregnancy Test (Not prepaid)	100.00
Venipuncture (Not prepaid)	22.00
Subtotal:	\$3,952.00

* Occasionally, a patient will require more than three visits to identify the time of ovulation. At each additional visit, SRMS will perform a venipuncture for LH & E2 and an ultrasound.

[Frozen Embryo Transfer Medication & Cycle Fees (\$3,830.00)] will be paid prior to initiation of the transfer cycle. Additional monitoring fees (see "Possible*" above) will be paid at the time of service.

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Frozen Embryo Transfer Price List (cont.)

Replacement Cycle Frozen Embryo Transfer:

If a natural cycle FET is not possible (patient does not ovulate regularly on her own), a replacement cycle will be performed. In a replacement cycle, estrogen and progesterone are administered by injection to replace the function of the ovary.

It should be clearly understood that there does not seem to be any difference between natural cycle and replacement cycle pregnancy success rates.

While replacement cycles afford a bit more predictable control in the timing of the transfer process, more injections are given and the overall costs greater. For these reasons, natural cycle cycles are preferred whenever possible.

All FET cycles are generally offered throughout the year although limitations in the schedule for staff at SRMS may occasionally limit certain periods of time for transfer.

Replacement Cycle Frozen Embryo Transfer Medication & Cycle Fees

<u>Replacement Cycle FET Medications:</u>	<u>Probable</u>	<u>Possible **</u>
Estradiol Valerate	\$260.00	\$520.00
Progesterone / Vaginal	425.00	
Lupron *	199.00	398.00
Antibiotics	11.00	
Corticosteroids	11.00	
Subtotal:	\$906.00	\$1,365.00

* Lupron will not be needed if the patient is in menopause.

** If additional medications are required, these will be paid to the pharmacy as needed

<u>Replacement Cycle FET Monitoring:</u>	<u>Probable</u>	<u>Possible</u>
Case Management Fee (Paid at time of cycle registration)	\$165.00	
Estrogen Levels (x9)	999.00	
Ultrasounds (x3)	438.00	
Venipuncture (x9)	198.00	
Subtotal:	\$1,800.00	

<u>Replacement Cycle FET Procedure:</u>	<u>Probable</u>	<u>Possible*</u>
Preparation of Frozen Embryos for Transfer	824.00	
Embryo Transfer	1,671.00	
Blood Pregnancy Test (Not Prepaid)	100.00	
Venipuncture (x1) (Not prepaid)	22.00	
Subtotal:	\$2,617.00	

* Occasionally, a patient will require more than two visits to identify the time of ovulation. At each additional visit, SRMS will perform an ultrasound and a venipuncture for LH & E2.

Frozen Embryo Transfer Price List (cont.)

<u>Total Replacement Cycle Fees:</u>	<u>Probable</u>	<u>Possible</u>
Total:	\$5,323.00	\$5,782.00

[**Replacement Cycle Frozen Embryo Transfer Monitoring and Procedure Fees (\$4,252.00)** will be prepaid prior to the initiation of the replacement cycle. \$906– \$1,365 to be paid separately to pharmacy for medications.]

Summary of Financial Responsibilities:

While variable, the following are estimates of the costs incurred:

<u>Fee Category</u>	<u>Estimated Fees</u>	<u>Payment Timing</u>
<u>Natural Cycle FET Cycle Fees</u>	\$3,830	Prepayment
<u>Natural Cycle FET Medication Fees</u>	\$229	Time of Purchase
<u>Replacement Cycle FET Medication Fees</u>	\$906 - \$1,365	Time of Purchase
<u>Replacement Cycle FET Monitoring</u>	\$1,800	Prepayment
<u>Replacement Cycle FET Procedure</u>	\$2,617	Prepayment

So in summary, the final fees are listed below:

<u>FET Category</u>	<u>Estimated Fees</u>
<u>Natural Cycle FET</u>	\$4,059
<u>Replacement Cycle FET</u>	\$5,323 - \$5,782

If pregnancy is not achieved, a follow-up visit is encouraged and will be charged in the usual and customary fashion.

Once Pregnancy Is Achieved:

While variable, the following are estimates of the costs incurred with a resulting pregnancy:

<u>Once Pregnancy Is Achieved:</u>	<u>Natural Cycle</u>	<u>Replacement Cycle</u>
Blood Pregnancy Test (x2)	\$200.00	200.00
Venipuncture (x2)	44.00	44.00
Estradiol Levels (x6)	----	666.00
Progesterone Level	111.00	111.00
Venipuncture (x6)	----	132.00
Pregnancy Ultrasounds (x2)	816.00	816.00
Prometrium (Paid to Pharmacy)	120.00	
Progesterone / Vaginal (Paid to Pharmacy)		1,643.00
Estradiol Valerate (Paid to Pharmacy)	----	260.00
Subtotal	\$1291.00	\$3872.00

[Charges that occur **Once Pregnancy is Achieved** (\$1291 – \$3872) 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 and 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 answered to our satisfaction. We agree to be responsible for the payment of charges as stated:

_____ Woman's Signature	_____ Woman'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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