

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

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*Excellence, Experience & Ethics*



## PGD-ART *Price List (2012)*

### General:

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

### Initial Intake:

|  | <u>Probable</u> | <u>Possible</u> |
|--|-----------------|-----------------|
| Comprehensive New Female Patient Visit | \$397.00        |                 |
| Intermediate New Male Patient Visit    | 246.00          |                 |
| Subtotal:                              | \$643.00        |                 |

### Female Studies:

|  |            |  |
|--|------------|--|
| HSG or Hysteroscopy                    | \$995.00   |  |
| HIV (Human Immunodeficiency Virus)     | 82.00      |  |
| Rubella screen                         | 67.00      |  |
| ABO RH (Blood Type)                    | 43.00      |  |
| Antibody screen                        | 33.00      |  |
| HBsAg (Hepatitis B)                    | 60.00      |  |
| Hepatitis C                            | 85.00      |  |
| Progesterone                           | 111.00     |  |
| RPR (Syphilis)                         | 27.00      |  |
| DNA Gene Probe (Gonorrhea & Chlamydia) | 106.00     |  |
| PAP                                    | 94.00      |  |
| FSH (Follicle Stimulating Hormone)     | 111.00     |  |
| Trial Transfer                         | 128.00     |  |
| CBC/Diff                               | 36.00      |  |
| Venipuncture (x3)                      | 66.00      |  |
| Subtotal:                              | \$2,044.00 |  |

### Male Studies:

|   | <u>Probable</u> | <u>Possible</u> |
|---|-----------------|-----------------|
| Semen Analysis/Anti Sperm Antibody Screen | \$183.00        |                 |
| Semen Analysis                            | 168.00          |                 |
| Semen Culture                             | 27.00           |                 |

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PGD-ART Price List (cont.)

|                                    |       |         |
|------------------------------------|-------|---------|
| HIV (Human Immunodeficiency Virus) | 82.00 |         |
| HBsAg (Hepatitis B)                | 60.00 |         |
| RPR (Syphilis)                     | 27.00 |         |
| Venipuncture (x1)                  | 22.00 |         |
| SA/Cryopreservation Sperm          |       | 415.00* |

Subtotal: \$569.00 \$984.00

\* Some men may request that their semen be cryopreserved prior to the procedure. This will be discussed in your case management.

[All **Initial Intake, Female and Male Study** fees (\$3,256– \$3,671) will be due at the time of service.]

| <b><u>ART Medications:</u></b>     | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
|------------------------------------|------------------------|------------------------|
| Ovarian Stimulation Medications    | \$1,750.00             | \$3,700.00             |
| Ovidrel or HCG                     | 80.00                  |                        |
| Progesterone (vaginal suppository) | 143.00                 | 189.00                 |
| Lupron                             | 199.00                 | 398.00                 |
| Antibiotics                        | 22.00                  |                        |
| Medrol                             | 11.00                  |                        |
| Ganirelix                          |                        | 376.00                 |
| Letrazole                          |                        | 75.00                  |

Subtotal: \$2,205.00 \$4,851.00\*

\* These 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.

[All **ART Medication** fees (\$2,205 – \$4,851) is paid directly to the pharmacy.]

|  |                        |                        |
|--|------------------------|------------------------|
| <b><u>Case Management Fee:</u></b><br>(Paid at time of cycle registration) | \$467.00               |                        |
| <b><u>Follicular Monitoring:</u></b>                                       | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
| Ultrasounds (x4)   | \$584.00               |                        |
| Estradiol Blood Tests (x4)   | 444.00                 |                        |
| Venipuncture (x4)  | 88.00                  |                        |

Subtotal: \$1,583.00

|  |                        |                        |
|--|------------------------|------------------------|
| <b><u>Egg Retrieval &amp; Laboratory Fees:</u></b> | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
| Anesthesia   | \$663.00               |                        |
| Egg Retrieval                                      | 1,671.00               |                        |
| Ultrasound Guidance                                | 320.00                 |                        |
| Semen Wash   | 303.00                 |                        |
| Culture & Fertilization                            | 4,950.00               |                        |
| *ICSI  | 740.00                 |                        |
| Preparation of Embryos for Transfer                | 169.00                 |                        |
| Embryo Transfer                                    | 1,671.00               |                        |

Subtotal: \$10,487.00

\* If ICSI (Intracytoplasmic Sperm Injection) is not needed a refund will be issued at the end of the cycle or can be applied to other services if performed.

PGD-ART Price List (cont.)

**Pre-implantation Genetic Diagnosis (PGD):**

PGD is the Molecular DNA testing of single cells that have been biopsied from your embryos. It is a complicated task that requires many hours of work by qualified laboratory personnel & scientists.

| <b><u>PGD Fees:</u></b> | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
|-------------------------|------------------------|------------------------|
| Biopsy of Embryos       | \$2,409.00             | \$1,989.00             |
| Shipping                | 135.00                 | 800.00                 |
| Genetic Analysis        | 2,521.00               | 3,060.00               |
| Subtotal:               | \$5,065.00             | \$5,849.00             |

| <b><u>Post-Transfer Fees**:</u></b> | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
|-------------------------------------|------------------------|------------------------|
| Embryo Cryopreservation Fees        |                        | \$907.00               |
| Embryo Storage Fee                  |                        | 397.00                 |
| Blood Pregnancy Test                | 100.00                 |                        |
| Venipuncture                        | 22.00                  |                        |
| Subtotal:                           | \$122.00               | \$1,426.00             |

\*\* These fees are not pre-collected with the initial deposit amount. A current credit card must be available on file for these fees to be paid for on the day of service if applicable.

[All **Cycle Fee, Follicular Monitoring, Egg Retrieval, PGD and Laboratory** fees (\$17,075.00) must be paid by **SRMS** cycle start date.

| <b><u>Total ART Fees:</u></b> | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
|-------------------------------|------------------------|------------------------|
| Total:                        | \$22,718.00            | \$27,867.00            |

**Potential Costs Following Successful ART**

| <b><u>Once Pregnancy Is Achieved:</u></b>                | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
|--|------------------------|------------------------|
| Blood Pregnancy Test (x2)                                | \$200.00               |                        |
| Venipuncture (x2)  | 44.00                  |                        |
| Progesterone (vaginal suppository)<br>(Paid to Pharmacy) | 285.00                 | 380.00                 |
| Pregnancy Ultrasounds (x2)                               | 816.00                 |                        |
| Subtotal:  | \$1,345.00             | \$1,440.00             |

[Charges that occur **Once Pregnancy is Achieved** (\$1,345-\$1,440) will be due at the time the services are rendered.]

If pregnancy is not achieved, a follow-up visit is encouraged and will be charged in the usual and customary fashion. Long-term frozen embryo storage fees are separate issues, which will be discussed with all those patients who desire long-term storage of their embryos.

**Frozen Embryo Transfer (FET) Fees:**

| <b><u>ART Medications:</u></b>             | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
|--|------------------------|------------------------|
| Urinary LH monitoring                      | \$55.00                | Paid to pharmacy       |
| Antibiotics                                | 11.00                  | Paid to pharmacy       |
| Ovidrel or HCG                             | 80.00                  | Paid to pharmacy       |
| Prometrium                                 | 60.00                  | Paid to pharmacy       |
| Corticosteroids                            | 11.00                  | Paid to pharmacy       |
| Subtotal:                                  | \$217.00               |                        |
|  |                        |                        |
| <b><u>Natural Cycle FET:</u></b>           | <b><u>Probable</u></b> | <b><u>Possible</u></b> |
| Cycle Fee                                  | \$165.00               |                        |
| Blood LH levels (X2)                       | 222.00                 | 333.00(x3)             |
| Estradiol (X2)                             | 222.00                 | 333.00(x3)             |
| Ultrasounds (X2)                           | 292.00                 | 438.00(x3)             |
| Venipuncture (X4)                          | 88.00                  | 132.00(x6)             |
| 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:                                  | \$3,606.00             | \$4,018.00             |

[**Frozen Embryo Transfer** fees (\$3,484) will be prepaid before the initiation of the transfer cycle.]

If a natural cycle FET is not possible (patient does not ovulate on her own), a replacement cycle will be performed with an estimated increase in fees of approx. \$1,659. The replacement cycle fees are a bit more unpredictable, depending upon patient variability.

**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.*

PGD-ART Price List (cont.)

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:

|                                     |  |                        |
|-------------------------------------|--|------------------------|
| _____<br>Woman's Signature          | _____<br>Woman's Name (print)          | ____/____/____<br>Date |
| _____<br>Partner's Signature        | _____<br>Partner's Name (print)        | ____/____/____<br>Date |
| _____<br>Office Personnel Signature | _____<br>Office Personnel Name (print) | ____/____/____<br>Date |
| _____<br>Practitioner's Signature   | _____<br>Practitioner's Name (print)   | ____/____/____<br>Date |

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