

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Dream Discount PLUS Program Consent **Oocyte Cryopreservation** ***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” (DDPP) offering **20%, 30%, 40% or 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 Oocyte Cryopreservation procedure under our new “Dream Discount Plus Program”:

ART Procedures	Dream Discount Plus Program		
	<i>30% Off</i> Cycle 1	<i>40% Off</i> Cycle 2	<i>50% Off</i> Cycle 3
Oocyte (Egg) Freezing (2024 fees: \$9,700)	\$ 7,030	\$6,140	\$5,250

General:

Pre-liminary studies (Female & Male) are not part of DDPP 2024 discount. These services may be billed to your insurance if the coverage is available. If treatment for Oocyte Cryopreservation (OC) is a covered service, we will bill your insurance company and collect any co-payments due at the time of your baseline appointment. If Oocyte Cryopreservation (OC) 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.

Initial Intake:

Comprehensive New Female Patient Visit	\$426.00
Subtotal:	\$426.00

Female Studies:

Electrolyte Panel	\$42.00
ABO RH (Blood Type)	\$39.00
Antibody screen	\$41.00
Progesterone	\$168.00
FSH (Follicle Stimulating Hormone)	\$168.00

Oocyte Cryopreservation Price List (cont.)

CBC/Diff	\$44.00
**HIV (I & II)	\$241.00
HIV/HCV/HBV NAT	(packaged)
RPR (Syphilis)	(packaged)
HBsAg (Hepatitis B)	(packaged)
Anti-HBc IGG (Core Hep B)	(packaged)
HCsAb (Hepatitis C)	(packaged)
Gonorrhea & Chlamydia	(packaged)
Venipuncture (x3)	\$87.00

Subtotal: \$830.00

**This test must be done or repeated within six months prior to shipment of the oocytes to Repro-Tech, Ltd. (RTL) long term storage facility. Urine Drug Screen & Cytomegalovirus (CMV) testing will be needed should you decide at a later date to donate your cryopreserved oocytes rather than use them yourself. These will be done at no charge to you.

Procedure	Code	Base Fee	Cycle 1 30% Discount	Cycle 2 40% Discount	Cycle 3 50% Discount
Case Management Fee	99366	\$700.00	\$490.00	\$420.00	\$350.00
Follicle Check Ultrasound (4x) **	76857	\$1,012.00	\$708.40	\$607.20	\$506.00
Venipuncture (4x) **	36415	\$116.00	\$81.20	\$69.60	\$58.00
Estradiol (4x) **	82670	\$672.00	\$470.40	\$403.20	\$336.00
ART Procedures					
Global Anesthesia Fee	99144	\$1,250.00	\$875.00	\$750.00	\$625.00
Oocyte Retrieval	58970	\$2,641.00	\$1,848.70	\$1,584.60	\$1,320.50
Fine Needle Aspiration w/UG	10022	\$522.00	\$365.40	\$313.20	\$261.00
Oocyte Cryopreservation					
Oocyte Cryopreservation Fee	89337	\$1,987.00	\$1,390.90	\$1,192.20	\$993.50
Oocyte storage (yearly fee per cycle)	89346	\$800.00	\$800.00	\$800.00	\$800.00
TOTAL		\$9,700.00	\$7,030.00	\$6,140.00	\$5,250.00
		DDPP 2023	\$7,030.00	\$6,140.00	\$5,250.00

** Up to four per cycle. Additional services will be at the discounted rate

ART Medications:

*Estimated Medication Cost **\$2,500.00 - \$3,500.00**

* 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.**

Oocyte Cryopreservation Price List (cont.)

It is uncertain how long you are going to cryopreserve your oocytes. When you are ready to use them, the following may need to be updated:

- History & Physical Exam
- Vaginal Ultrasound and/or hysteroscopy
- Pap Smear
- ART screening lab work

Since it not possible to know what will need to be done, these prices will not be estimated at this time although payment for these are generally requested at the time the service is rendered.

<u>Blood Tests Needed by RTL for Release of Oocytes:</u>	<u>Probable</u>
Hepatitis B (HBsAg)	66.00
Hepatitis C (HCsAb)	94.00
HIV (I & II)	91.00
Venipuncture	29.00
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Subtotal:	\$280.00

The following is the fee required (paid to storage facility) to bring your cryopreserved oocytes back to the facility:

<u>Return Transportation & Administrative Handling Fee</u>	<u>Probable</u>	<u>Possible</u>
Federal Express Return to SRMS from RTL	\$250.00	
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Subtotal:	\$250.00	

Case Management Fee: \$350.00

[The **Case Management Fee** (\$350) will be due at the time of cycle registration.]

When possible, a natural ovulatory cycle will be used to time the thaw of the oocytes and the embryo transfer itself.

Natural Cycle Fees:

<u>ART Medications:</u>	<u>Probable</u>
Urinary LH monitoring	\$55.00
Ovidrel or HCG	78.00
Prometrium	120.00
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Subtotal:	\$253.00

[All **ART Medication** fees (\$253) are paid directly to the pharmacy.]

Oocyte Cryopreservation Price List (cont.)

<u>Natural Cycle Monitoring:</u>	<u>Probable</u>
Blood LH levels (X3) *	504.00
Estradiols (X3) *	504.00
Ultrasounds (X3) *	759.00
Venipuncture (X3) *	87.00
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Subtotal:	\$1,854.00

* Up to three per cycle. Additional services will be at the rate above.

[**Natural Cycle Monitoring** fees (\$1,854) will be prior to initiation of the transfer cycle. Additional monitoring fees (see “Possible*” above) will be paid at the time of service.

<u>Laboratory Fees:</u>	<u>Probable</u>
Thaw & Preparation of Cryopreserved Oocytes	\$1,050.00
Semen Wash	609.00
Andrology/Embryology Laboratory Fees	8,000.00
Preparation of Embryos for Transfer	650.00
Embryo Transfer	2,500.00
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Subtotal:	\$12,809.00

It is possible that you will have excess embryos, which can be cryopreserved for future use.

<u>Post-Transfer Fees:</u>	<u>Probable</u>
Blood Pregnancy Test*	120.00
Venipuncture*	29.00
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Subtotal	\$149.00

*The blood pregnancy test and venipuncture fees are not pre-collected with the initial deposit amount and will be due at the time services are rendered.

[All **Natural Cycle Monitoring, Andrology/Embryology Laboratory Fees, and Embryo Transfer Fees** (\$12,958) must be paid to **SRMS** by cycle start date.

<u>Total OC/Fertilization Fees:</u>	<u>Probable</u>	<u>Possible</u>
Total:	\$12,863	\$14,138

<u>Total OC Fees for Freezing, Thawing and Fertilizing:</u>	<u>Probable</u>	<u>Possible</u>
Total:	\$24,673	\$26,048

Replacement Cycle Transfer Fees:

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.

Oocyte Cryopreservation Price List (cont.)

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.

While somewhat beyond the scope of this price list, the overall costs of medications and monitoring fees are about \$3015 compared to \$1133 incurred when the patient is able to ovulate.

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
_____ Practitioner's Signature	_____ Practitioner's Name (print)	___/___/___ Date

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