

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Dream Discount PLUS Program Consent **In Vitro Fertilization/Preimplantation-Genetic Screening** **(PGT-A/M)** **Price List (2025)**

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 2025 prices for nearly all of your Assisted Reproductive Technology (ART) procedures! Below is a breakdown of the estimated self-pay costs of our IVF/PGS procedure under our new “Dream Discount Plus Program”:

ART Procedure	Dream Discount Plus Program			
	<i>20% Off</i> <i>All FET's</i>	<i>30% Off</i> <i>Cycle 1</i>	<i>40% Off</i> <i>Cycle 2</i>	<i>50% Off</i> <i>Cycle 3</i>
Preimplantation Genetic Screening Cycles (2025 fees: \$31,700) Total Fee includes 20% FET discount		\$22,905	\$20,450	\$17,995

General:

Preliminary studies (Female & Male) are not part of the DDPP 2025 discount. These services may be billed to your insurance if the coverage is available. If treatment for infertility is a covered service (IVF), we will bill your insurance company and collect any co-payments due at the time of your baseline appointment. 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. 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
Intermediate New Male Patient Visit	\$332.00
Subtotal:	\$758.00

Female Studies:

HSG or Hysteroscopy	\$1,380.00
HIV (Human Immunodeficiency Virus)	\$105.00
Rubella screen	\$129.00
ABO RH (Blood Type)	\$39.00
Antibody screen	\$41.00

PGD-ART Price List (cont.)

HBsAg (Hepatitis B)	\$99.00
Hepatitis C	\$59.00
Progesterone	\$168.00
RPR (Syphilis)	\$49.00
DNA Gene Probe (Gonorrhea & Chlamydia)	\$139.00
PAP	\$115.00
CBC/Diff	\$44.00
Electrolytes	\$42.00
Venipuncture (x2)	\$58.00

Subtotal: **\$2,467.00**

Male Studies:

Semen Analysis/Anti Sperm Antibody Screen	\$250.00
HIV (Human Immunodeficiency Virus)	\$105.00
Venipuncture (x1)	\$29.00
*SA/Cryopreservation Sperm	\$800.00

Subtotal: **\$1,184.00**

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

ART Medications:

*Estimated Medication Cost **\$4,500-\$6,500**

* 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.**

Pre-implantation Genetic Testing (PGT):

PGS 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.

PGT Fees:

Estimated PGT Lab Fees **\$2,500-\$5,500**

*The prices may vary depending on the number of embryos biopsied and lab used. Lab prices may change and are out of the control of SRMS.

In Vitro Fertilization/Preimplantation-Genetic Testing DDPP 2025

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

PGD-ART Price List (cont.)

Procedure	Code	Base Fee	Cycle 1 30% Discount	Cycle 2 40% Discount	Cycle 3 50% Discount
Cycle Fee (IVF 1)	99366	\$700.00	\$490.00	\$420.00	\$350.00
US (x4) *	76857	\$1,012.00	\$708.40	\$607.20	\$506.00
Venipuncture (x4) *	36415	\$116.00	\$81.20	\$69.60	\$58.00
E2 (x4) *	82670	\$672.00	\$470.40	\$403.20	\$336.00
P4	84144	\$168.00	\$117.60	\$100.80	\$84.00
Total		\$2,668.00	\$1,867.60	\$1,600.80	\$1,334.00
ART Procedures					
Global Anesthesia Fee	99144	\$1,450.00	\$1,015.00	\$870.00	\$725.00
Oocyte Retrieval	58970	\$2,641.00	\$1,848.70	\$1,584.60	\$1,320.50
Fine Needle Aspiration w/UG	10005	\$822.00	\$575.40	\$493.20	\$411.00
Total		\$4,913.00	\$3,439.10	\$2,947.80	\$2,456.50
Embryology/Andrology Fees					
Semen Wash/Isolate Complex	89261	\$609.00			
Oocyte Identification	89254	\$1,020.00			
Insemination of Oocytes	89268	\$1,182.00			
ICSI - Oocytes	89280	\$2,503.00			
Culture of Oocytes/Embryos	89250	\$5,455.00			
Assisted Embryo Hatching	89253	\$1,200.00			
Total Bundled Package Fee		\$11,969.00	\$8,378.30	\$7,181.40	\$5,984.50
PGS Biopsy and Admin Fee					
Biopsy of Embryos for PGS	89291	\$3,000.00	\$2,100.00	\$1,800.00	\$1,500.00
PGS Admin Fee	PGS	\$800.00	\$560.00	\$480.00	\$400.00
Total		\$3,800.00	\$2,660.00	\$2,280.00	\$1,900.00
Embryo Cryopreservation					
Cryopreservation of Embryos	89258	\$1,200.00	\$840.00	\$720.00	\$600.00
Embryo Transfer 20% Discount					
US (x3) **	76857	\$759.00	\$607.20	\$607.20	\$607.20
Venipuncture (x3) **	36415	\$87.00	\$69.60	\$69.60	\$69.60
E2 (x3) **	82670	\$504.00	\$403.20	\$403.20	\$403.20
LH (x3) **	83002	\$504.00	\$403.20	\$403.20	\$403.20
Thawing of cryopreserved; embryos	89352	\$850.00	\$680.00	\$680.00	\$680.00
Assisted Embryo Hatching	89253	\$1,096.00	\$876.80	\$876.80	\$876.80
Preparation of embryo for transfer	89255	\$850.00	\$680.00	\$680.00	\$680.00
Embryo Transfer	58974	\$2,500.00	\$2,000.00	\$2,000.00	\$2,000.00
Total		\$7,150.00	\$5,720.00	\$5,720.00	\$5,720.00
TOTAL		\$31,700.00	\$22,905.00	\$20,450.00	\$17,995.00

PGD-ART Price List (cont.)

	DDPP 2025		\$22,905.00	\$20,450.00	\$17,995.00
Embryo Storage Fees					
Storage of Embryos	89342	\$800.00	\$800.00	\$800.00	\$800.00

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

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 1/1/2025. SRMS reserves the right to discontinue the DDPP program at any time. Fees are subject to change without notice.

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.

PGD-ART Price List (cont.)

Cycle#1 - 30% Discount/ 20% FET 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/ 20% FET 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/ 20% FET 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