

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Superovulation- Intra Uterine Insemination (IUI) *Price List (2021)*

General:

These services may be billed to your insurance if the coverage is available. If treatment for intra uterine insemination (IUI) is a covered service, we will bill your insurance company and collect any co-payments due at the time of your appointment. If IUI 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. Fees will be due at the time of service. We will request a credit card on file at the time consents are signed. Please discuss any financial concerns you have with the billing manager regarding these requirements.

Program Breakdown:

In general, the fees associated with a Superovulation/IUI cycle are separated into medications purchased outside of the practice and those services/procedures offered here at SRMS. *Below is a summary of a single superovulation/IUI cycle:*

Purchased Outside of the Practice:

Medications:	
Estimated Medication Cost	\$2,000.00 - \$2,800.00

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.

Superovulation Cycle Fees Provided at SRMS:

Procedure	Total
Ultrasound Procedures (X 3)	\$615.00
Estradiol Lab Tests (X 3)	\$420.00
Venipuncture Procedures (X 3)	\$84.00
Semen Wash and Prep	\$530.00
Intra-Uterine Artificial Insemination	\$495.00
Subtotal:	\$2,144.00

Price List, Superovulation/IUI Procedures (cont.)

The incurred costs estimated here are not guaranteed. Individual variability often results in an unpredictable number of ultrasounds, blood tests and medication vials administered. Prices are based on our 2017 base fees. Fees are subject to change without notice.

I have read the information above and my questions were answered to my satisfaction. I agree to fees and procedures provided to me here at SRMS. Furthermore, I agree to be responsible for the payment of charges.

_____ Patient	____/____/____ Date	_____ Physician	____/____/____ Date
_____ Guardian (if necessary)	____/____/____ Date	_____ Witness	____/____/____ Date

Update: 12/10/2020 CRS K:\docs\forms\Superovulation-IUI Price List.docx
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