

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Clomiphene Citrate-Intra Uterine Insemination (IUI) **PRICE LIST (2017)**

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 Clomiphene Citrate/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 Clomiphene Citrate/IUI cycle:*

Purchased Outside of the Practice:

Medications:	
Estimated Medication Cost	\$168.00 - \$318.00

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.

IUI Cycle Fees Provided at SRMS:

Procedure	Total
Package U/S	\$171.00
hCG Injectable	\$131.00
Therapeutic Injection	\$50.00
Sperm Wash and Prep	\$485.00
Intra-Uterine Artificial Insemination	\$466.00
Subtotal:	\$1,303.00

Clomiphene Citrate-IUI Price List (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

Updated: 01/19/2017

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