

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



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*Excellence, Experience & Ethics*

## Dream Discount PLUS Program Consent *In Vitro Fertilization* *Price List (2018)*

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” offering **20%/30%/40%/50%** off of our 2017 prices for nearly all of your Assisted Reproductive Technology (ART) procedures! Below is a breakdown of the estimated self-pay costs of our IVF procedure under our new “Dream Discount Plus Program”:

ART Procedure	Dream Discount Plus Program		
	<i>30% Off</i> Cycle 1	<i>40% Off</i> Cycle 2	<i>50% Off</i> Cycle 3
<b>In Vitro Fertilization (IVF)</b> (2017 fees: \$14,796)	<b>\$10,700</b>	<b>\$9,400</b>	<b>\$8,100</b>

### General:

Pre-liminary studies (Female & Male) are not part of the DDPP 2017 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	\$402.00
Intermediate New Male Patient Visit	\$313.00
<b>Subtotal:</b>	<b>\$715.00</b>

### Female Studies:

HSG or Hysteroscopy	\$1314.00
HIV (Human Immunodeficiency Virus)	\$96.00
Rubella screen	\$78.00
ABO RH (Blood Type)	\$50.00
Antibody screen	\$40.00

In Vitro Fertilization Price List (cont.)

HBsAg (Hepatitis B)	\$70.00
Hepatitis C	\$99.00
Progesterone	\$130.00
RPR (Syphilis)	\$31.00
DNA Gene Probe (Gonorrhea & Chlamydia)	\$123.00
PAP	\$110.00
CBC/Diff	\$42.00
Electrolytes	\$38.00
Venipuncture (x2)	\$52.00

**Subtotal:** **\$2,273.00**

**Male Studies:**

Semen Analysis/Anti Sperm Antibody Screen	\$200.00
HIV (Human Immunodeficiency Virus)	\$96.00
Venipuncture (x1)	\$26.00
*SA/Cryopreservation Sperm	\$562.00

**Subtotal:** **\$884.00**

\* 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 **\$4,000-\$6,000**

\* 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.**

**In Vitro Fertilization DDPP 2017**

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

Fees not discounted include: anesthesia and outside laboratory fees.

Procedure	Code	Base Fee	Cycle 1 30% Discount	Cycle 2 40% Discount	Cycle 3 50% Discount
Case Management Fee	99366	\$399.00	\$279.30	\$239.40	\$199.50
Follicle Check Ultra Sound	76857	\$171.00	\$119.70	\$102.60	\$85.50
Follicle Check Ultra Sound	76857	\$171.00	\$119.70	\$102.60	\$85.50
Follicle Check Ultra Sound	76857	\$171.00	\$119.70	\$102.60	\$85.50
Follicle Check Ultra Sound	76857	\$171.00	\$119.70	\$102.60	\$85.50
Venipuncture	36415	\$26.00	\$18.20	\$15.60	\$13.00
Venipuncture	36415	\$26.00	\$18.20	\$15.60	\$13.00
Venipuncture	36415	\$26.00	\$18.20	\$15.60	\$13.00
Venipuncture	36415	\$26.00	\$18.20	\$15.60	\$13.00

In Vitro Fertilization Price List (cont.)

Estradiol	82670	\$130.00	\$130.00	\$130.00	\$130.00
Estradiol	82670	\$130.00	\$130.00	\$130.00	\$130.00
Estradiol	82670	\$130.00	\$130.00	\$130.00	\$130.00
Estradiol	82670	\$130.00	\$130.00	\$130.00	\$130.00
Progesterone	84144	\$130.00	\$130.00	\$130.00	\$130.00
<b>ART Procedures</b>					
Global Anesthesia Fee	99144	\$780.00	\$780.00	\$780.00	\$780.00
Oocyte Retrieval	58970	\$1,949.00	\$1,364.30	\$1,169.40	\$974.50
Fine Needle Aspiration w/ultrasound guidance	10022	\$397.00	\$277.90	\$238.20	\$198.50
<b>Embryology/Andrology Fees</b>					
Semen Wash/Isolate Complex	89261	\$509.00			
Oocyte Identification	89254	\$429.00			
Insemination of Oocytes	89268	\$882.00			
Intra-cytoplasmic sperm injection (ICSI) ≤ 10	89280	\$863.00			
Intra-cytoplasmic sperm injection (ICSI) > 10	89281	\$1,083.00			
Culture of Oocytes/Embryos, <4days	89250	\$5,774.00			
Extended Culture Oocytes/Embryos, 4-7 days	89272	\$1,876.00			
Assisted Embryo Hatching	89253	\$773.00			
<b>Total Bundled Package Fee</b>		\$7,560.00	\$5,292.00	\$4,536.00	\$3,780.00
<b>Embryo Transfer</b>					
Preparation of embryo for transfer	89255	\$324.00	\$226.80	\$194.40	\$162.00
Fresh Embryo Transfer, intrauterine	58974	\$1,949.00	\$1,364.30	\$1,169.40	\$974.50
		\$14,796.00	\$10,786.20	\$9,449.60	\$8,113.00
	<b>DDPP 2017</b>		<b>\$10,700.00</b>	<b>\$9,400.00</b>	<b>\$8,100.00</b>
<b>Embryo Cryopreservation and Storage</b>					
Cryopreservation of Embryos	89258	\$1,058.00	\$740.60	\$634.80	\$529.00
Storage of Embryos	89342	\$456.00	\$38.00	\$38.00	\$38.00
Onetime payment			\$778.60	\$672.80	\$567.00
Storage Fee: \$38 a month					

**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 1/1/2017. SRMS reserves the right to discontinue the DDPP program at any time. Fees are subject to change without notice.

In Vitro Fertilization Price List (cont.)

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.

**Cycle#1 - 30% 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**

\_\_\_\_\_  
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**

\_\_\_\_\_  
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