

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

www.DreamABaby.com • Fertility@DreamABaby.com

*Excellence, Experience & Ethics*



## Superovulation-IUI *Price List (2016)*

### General:

Unless your insurance covers Superovulation/intra-uterine insemination (IUI) procedures, it is the policy of Specialists In Reproductive Medicine & Surgery, P.A. (SRMS), that all fees are 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 front office 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:**

<b>Medications:</b>	<b>Probable Fees</b>
Ovarian Stimulation Medications	\$1,100.00 - \$2,100.00*
HCG	78.00
Vaginal Progesterone	60.00
<b>Subtotal:</b>	<b>\$1,238.00 - \$2,238.00*</b>

\* These prices may vary with respect to the amount of medication needed by the individual patient.

### Superovulation Cycle Fees Provided at SRMS:

<b>Procedure</b>	<b>Total Before Discount</b>
Ultrasound Procedures (X 3)	\$570.00
Estradiol Lab Tests (X 3)	\$366.00
Venipuncture Procedures (X 3)	\$75.00
Insemination (IUI)	441.00
Semen Wash/Isolate	458.00
<b>Subtotal:</b>	<b>\$1,910.00</b>

### 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.

Price List, Superovulation/IUI Procedures (cont.)

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We agree and understand the information provided above and have had all of our questions answered to our satisfaction.

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Patient                      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Physician                      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Guardian (if necessary)      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Witness                      Date