

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Sweet Sliding Scale Program Financial Summary Discounted In Vitro Fertilization Price List (2026)

At **Specialists in Reproductive Medicine & Surgery, P.A. (SRMS)**, we understand that IVF can be financially overwhelming. The **Sweet Sliding Scale Program (SSSP)** was created to reduce the cost of IVF for patients who qualify based on financial need and medical criteria.

Through the SSSP, eligible patients may receive **60%, 65%, or 70% off** SRMS's standard IVF fees.

Total Family Size	Sweet Sliding Scale Program!		
	Annual Family Income		
Family Size of 1	\$79,001-94,000	\$60,001-79,000	≤ \$60,000
Family Size of 2	\$106,001-127,000	\$85,001-106,000	≤ \$85,000
Family Size of 3	\$135,001-160,000	\$107,001-135,000	≤ \$107,000
Discount:	60% Off!	65% Off!	70% Off!
IVF Discounted Price: (2026 normal fees: \$23,750)	\$9,500	\$8,312	\$7,125

Simply note the size of your family on the far left, see if the combined family income is within the ranges listed, and then scroll down the appropriate column to see your discounted IVF price.

What Fees are Included in the SSSP?

The following fees are **included** in the SSSP:

- IVF cycle coordination and case management
- Ultrasound monitoring
- IVF-related blood tests (e.g., estrogen, progesterone, and luteinizing hormone)
- Anesthesia
- Egg retrieval procedure
- Andrology fees (sperm preparation)
- Egg identification & recovery
- Fertilization, including IntraCytoplasmic Sperm Injection (ICSI)
- Embryo culture & support x 5-7 days
- Assisted hatching of the embryos if needed.

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- Fresh embryo transfer procedure
- Freezing (cryopreservation) of extra embryos, if present

The SSSP 2026 fees are a bundled package, which means individual services cannot be removed or modified.

Please note that many patients (but not all) will have **excess frozen embryos after treatment. Embryo storage is not included in the SSSP, and the current annual storage fee is \$800.**

IVF Medications (Not Included):

SRMS has partnered with **Metro Pharmacy** to provide significant discounts on the IVF medications. Medication fees are paid directly to Metro Pharmacy and are **NOT** included in the SSSP. Medication costs vary, and some patients may need more medication than others. Below are estimates of medication fees.

IVF Medications	Price
Birth control pills x 1 month	\$25
Gonadotropin injections	\$2,670
Antagonist injections	\$240
Trigger shot	\$84
Vaginal progesterone	\$60
Total:	\$2,929

What Else is Not Covered by the SSSP:

All patients need to be evaluated before IVF is performed. The evaluation may even show that IVF is not necessary, and less expensive options will then be offered. Below is a breakdown of common evaluation fees **not covered** by the SSSP and may be covered by your insurance (if applicable). The patient or couple may require additional testing or treatments not listed below.

Category	Fees
Female Intake & Studies:	
Comprehensive new female patient visit (60 min.)	\$426
PAP	\$115
Gonorrhea & Chlamydia screen	\$123
Comprehensive GYN ultrasound	\$611
Progesterone	\$168
Hysterosalpingogram (HSG, X-ray to check for open tubes)	\$800
Ovarian reserve testing*	\$168
Preconception genetic screening (Plus Myriad fee)**	\$17
CBC (x2)	\$88
Electrolytes	\$42
Rubella immunity screen	\$129

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Varicella immunity screen	\$114
ABO Rh (Blood type)	\$39
Antibody Screen	\$55
HIV	\$105
Hepatitis B (HBsAg)	\$99
Hepatitis C (HBAb)	\$59
RPR (Syphilis screen)	\$49
HbA1C	\$89
Venipuncture x 2	\$34
Comprehensive physician discussion (45+ min)	\$329
Approximate Female Subtotal:	\$3,659
Male Intake & Studies: (if SA is abnormal)	
Semen analysis (if abnormal, a second will be requested)+	\$250
Intermediate New Male visit (30 min.)	\$332
Preconception genetic screen (Plus Myriad fee)**	\$17
HIV	\$105
Hepatitis B (HbsAG)	\$99
Hepatitis C (HCAb)	\$59
RPR (Syphilis screen)	\$49
ABO Rh Blood Type	\$39
Approximate Male Subtotal:	\$950
Total Fees Not Covered by the SSSP:	\$4,609

* **Reprosource** will bill the patient directly for this testing. Minimal fees are normally charged to the patient.

** Screening patients for [genetic diseases](#) usually involves minimal fees, billed directly by **Myriad**. The male will need to be screened only if the female partner is found to be carrying a genetic disease.

+ If there are two abnormal semen analyses, the male will need to be seen as a patient, and additional laboratory and radiology testing will likely be required. If the semen analysis is normal, he will not have to be seen, but the routine blood testing listed will still be needed.

Uninsured patients will be offered deep discounts on the lab prices listed above.

Unexpected Medical & Surgical Issues:

If you require surgical procedures to correct your anatomy before transfer, or if you have significant medical concerns requiring a referral, any unexpected issues not covered by the SSSP will be billed separately. Any additional follow-up discussions will also be billed separately.

Freeze-Only Cycles:

In some cases, it is safer not to transfer an embryo right away. When this occurs, all embryos are frozen, and a later **Frozen Embryo Transfer (FET)** is scheduled. This is called a **Freeze-Only Cycle**.

- About 30% of the patients may need this.
- The additional costs for these patients are approximately \$3,000

Additional Care:

The SSSP does not cover additional IVF retrievals and additional embryo transfers. Any complications, however rare, arising from the evaluation or treatment will be separately billed.

Financial Eligibility:

To see if your family is eligible for the SSSP, each earning adult in the home commits to providing SRMS with the needed financial documents, including the following:

1. Previous years' tax returns (e.g., Form 1040 or a W-2)
2. Proof of Florida residency (e.g., driver's license, utility bill, lease)

Payment Timing:

Evaluation fees are paid at the time services are provided or submitted to insurance. The SSSP IVF cycle fee must be paid before your IVF cycle begins.

In Summary:

The SSSP is being made available for a limited time and cannot be combined with any other discounts. Void where prohibited.

These price reductions are available starting 1/1/2026. SRMS reserves the right to discontinue the SSSP at any time. Fees are also subject to change without notice.

The information has been reviewed, and questions answered. Patients understand that they will be responsible for the required charges.

**Choose which discount you believe your family qualifies for:
(select only one)**

- ☐ 60% Discount Category
- ☐ 65% Discount Category
- ☐ 70% Discount Category

Sweet Sliding Scale Program Financial Summary (cont.)

_____ Patient's Signature	_____ Patient's Name (print)	____/____/____ Date
_____ Partner's Signature (when applicable)	_____ Partner's Name (print when applicable)	____/____/____ Date
_____ SRMS Representative Signature	_____ SRMS Representative Name (print)	____/____/____ Date

Updated: 2-12-2026

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