

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Cryopreservation of Sperm *Price List (2024)*

Elective vs. Cancer/Surgery/Radiation/Chemotherapy:

A single specimen (Preliminary Semen Testing below) may be the only charges for those patients who are electively freezing a specimen for an upcoming IUI/IVF procedure.

For patients with cancer and other indications for cryopreservation, the entire price list below pertains to them. Initial charges will be billed to SRMS. Payment to SRMS is respectively requested at the time of service. Credit Card information for SRMS will also be obtained at the time of service.

Consultation with SRMS physician:

Physician Consult \$332.00

Mandatory FDA Labs:

HIV (Human Immunodeficiency Virus) **	\$565.00
HIV/HCV/HBV NAT	
HBsAg (Hepatitis B) **	
HCAbs (Hepatitis C) **	
Anti-HBc IGG (Core Hep B) **	
RPR (Syphilis) **	
GC/Chlamydia (via urine)	
HTLV I & II	
CMV Total	
Venipuncture	\$29.00

Subtotal \$594.00

*Preliminary Semen Testing:

Semen Analysis	\$250.00
Cryopreservation, sample #1	
Cryopreservation Survival Factor	\$762.00
Subtotal:	\$1012.00

* These may be the only fees for those cryopreserving to short-term use.

Each Additional Specimen:

Semen Analysis & Cryopreservation	\$762.00
Subtotal:	\$762.00

Annual Storage Fees:

One Year Contract

\$800.00

Changes In Fees:

The incurred costs estimated here are not guaranteed. **All fees listed here are subject to change without notice.**

For your convenience, Visa, Discover and MasterCard are accepted.

Any funds that were collected for procedures that **were not performed** will be refunded upon request within seven days of the conclusion of your cycle.

Any funds **not pre-collected** for procedures performed **that exceeded our original estimates,** or for **possible or post transfer fees,** will be billed at the time of service with all monies owing to be paid within thirty days of embryo transfer.

I have read the information above and our questions answered to our satisfaction. We agree to be responsible for the payment of charges as stated:

_____ 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

Updated: 11/7/2023 CRS K:/docs/forms/Cryopreservation of Sperm Price List.docx
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