

Reproductive Care Center

FROZEN EMBRYO TRANSFER PAYMENT AGREEMENT

We have chosen to start a Frozen Embryo transfer (FET) cycle in _____ of 2009 and have had the payment options explained to us. We understand that we must choose from the following options:

- (1) IVF Money Back Guarantee Package Plan includes the basic associated frozen embryo transfer fees.
- (2) IVF Discounted Multiple Cycle Program includes the basic associated frozen embryo transfer fees.
- (3) Global Single FET Cycle Fee package of \$2,935 (exclusions such as medication charges have been explained to us). This is a pre-paid cash discount package for a single FET treatment cycle. Charges will not be itemized or billed to insurance. The entire payment is due prior to starting medications such as Lupron.
- (4) Insurance billing (RCC contracted Health Insurance Carrier). All appropriate charges will be itemized and billed to insurance. RCC requires a down payment, which is determined based on our estimated insurance coverage. We will be responsible for any amount that the insurance company does not pay that RCC is not required to write off due to contracts for discounted fees that RCC may have with the insurance company.
- (5) Insurance billing (non-contracted Health Insurance Carrier offering applicable infertility treatment benefits). All appropriate charges will be itemized and billed to insurance. Depending on our insurance coverage and required co-pay, it may be less expensive to pay the prepaid cash price of \$2,935 or we may want to consider the Safeguard Payment Plan of \$1,712. We will be responsible for any amount that the insurance company does not pay unless we choose the SafeGuard Payment Plan.
- (6) Safeguard Payment Plan of \$1,712 (basic). Reproductive Care Associates, PC (RCA) and Reproductive Care Center, PC (RCC) are separate and distinct legal entities that offer different services and have different tax identification numbers. Our physicians are contracted employees with each separate company to provide specific services. Patients are allowed to select the safeguard option for advanced reproductive services offered by RCC because RCC (and their physician employees) is not contracted with their insurance company. The safeguard price is only available to patients whose insurance company is not contracted with RCC but have infertility benefits for full coverage of frozen embryo transfer cycles and associated procedures. Due to the difficulty in determining in advance what percent of the usual charges many insurance companies will cover for advanced reproductive services this option enables patients to determine in advance the maximum anticipated costs so they can decide whether to initiate treatment. We understand that the payment is due in advance. Our insurance company may send us an explanation of benefits (EOB) that tells us that RCC is contracted and that RCC is required to write off a certain amount of the charges. **By signing this agreement we are accepting the fact that RCC is not contracted with our insurance company as noted above and RCC will not be responsible for nor be bound to a contract that they have not made.** We also agree that we have had the opportunity to discuss this with a financial staff member at Reproductive Care Center and all of our questions have been answered.

We understand that if we are in the IVF Money Back Guarantee Program, the IVF Discounted Multiple Cycle Program or choose the Global Single FET Cycle Fee option that RCC will not help us bill our insurance company. We understand the pre-paid cycle fee price options are available because significant administrative

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costs are saved when charges are not itemized and insurance billed. We accept responsibility for payment of services that are excluded from the IVF Money Back Guarantee Program, the IVF Discounted Multiple Cycle Program or Global Single FET Cycle Fee that we have had or will have rendered.

We understand that if we select the Insurance option (contracted carrier) that we must pay our down payment (estimated co-pays and deductibles) to RCC prior to starting medication. If we select the Insurance option (non-contracted carrier) we must pay our down payment or the SafeGuard Payment Plan to RCC prior to starting medication such as Lupron. If the insurance pays us directly, we agree to immediately pay RCC for the charges we are responsible for. If payment is not received within 30 days of our receipt of the payment from the insurance company interest will be assessed at 18% APR (from the date medication was started). Additionally we understand that if we select the insurance option without the SafeGuard plan, we cannot switch to the pre-paid Global Single FET Cycle Fee option if the insurance company pays less than anticipated.

We agree to the guidelines stated and we have selected:

- | | |
|---|--------------|
| 1. <input type="checkbox"/> IVF Money Back Guarantee Package Plan – FET # _____ | \$ _____ N/C |
| 2. IVF Discount Multiple Cycle Fresh IVF Fee | |
| a. <input type="checkbox"/> Two fresh cycle package – FET # _____ | \$ _____ N/C |
| b. <input type="checkbox"/> Three fresh cycle package – FET # _____ | \$ _____ N/C |
| c. <input type="checkbox"/> Four fresh cycle package – FET # _____ | \$ _____ N/C |
| 3. <input type="checkbox"/> Global Single FET Cycle Fee (basic) - \$2,935 | \$ _____ |
| 4. Insurance _____ | |
| a. <input type="checkbox"/> Contracted carrier estimated (basic) co-payment | \$ _____ |
| b. Non-contracted carrier with confirmed FET infertility benefit | |
| i. <input type="checkbox"/> Downpayment (basic) for non-contracted carrier | \$ _____ |
| ii. <input type="checkbox"/> Contracted carrier estimated (basic) co-payment as per section 4 above | \$ _____ |
| 5. Common additional applicable fees: | |
| a. <input type="checkbox"/> Preimplantation Genetic Diagnosis (PGD) - variable | \$ _____ |
| b. <input type="checkbox"/> Embryo biopsy and shipping for PGD - \$2,000 | \$ _____ |
| c. <input type="checkbox"/> Extended culture (grow day 3 embryos to day 5 or 6) - \$204 | \$ _____ |
| d. <input type="checkbox"/> Assisted Hatching - \$300 (for day 3 embryos) | \$ _____ |
| e. <input type="checkbox"/> Repeat Embryo cryopreservation (groups) - \$650 | \$ _____ |
| f. <input type="checkbox"/> Repeat Embryo cryopreservation (single embryo) - \$840 | \$ _____ |
| g. <input type="checkbox"/> Embryo storage (1 year) - \$430 | \$ _____ |
| h. <input type="checkbox"/> Gestational Surrogate - \$381 | \$ _____ |
| i. <input type="checkbox"/> Other _____ | \$ _____ |
| j. Total Paid | \$ _____ |

We have received and reviewed a copy of the RCC “IVF and Frozen Embryo Transfer Financial Policies” and all of our questions have been answered.

Wife _____

Date _____

Husband _____

Date _____

Administrative _____

Date _____