

Reproductive Care Center

IVF & FROZEN EMBRYO TRANSFER FINANCIAL POLICIES

Each couple will need to meet with manager or billing staff to discuss fees and payment dates. Those couples with a combined income under \$60,000 may be eligible for an income based discount depending on their total assets. The Pre-IVF workup (ART checklist) needs to be completed before the medications for the treatment cycle can begin. Payment is expected at the time of service. **Medications are not included;** patients can purchase them through the pharmacy of their choice such as The Apothecary Shops, IVPCare, Freedom Drug or a similar infertility pharmacy.

PRE IVF TESTS

Wife

CBC/HCT
HIV-1&2 Ab
RPR
Hepatitis BsAg
Hepatitis C Ab
Rubella immunity screen
Gonorrhea by PCR
Chlamydia by PCR
Day 3 Follicle Stimulating Hormone (FSH)
Day 3 Estradiol (E2)
Anti-Mullerian Hormone (AMH)
Day 10 FSH (over 34, poor prior response, prior elevated FSH>7.9 or prior day 3 estradiol over 60)
Varicella immunity screen
Hysterosonogram (3D saline sonogram) – usually recommend this be completed at RCC

Husband

Semen analysis with Kruger strict morphology-at RCC
(\$178 - not included in Pre IVF package price)
HIV-1&2 Ab
Hepatitis BsAg
Hepatitis C Ab
RPR
Gonorrhea by PCR
Chlamydia by PCR

A hysterosonogram or HSG should be less than 1 year old at the time of embryo transfer in women over age 34. After a pregnancy or significant occurrence, some tests may need to be repeated.

Additional tests may be requested by your physician based on your individual circumstances.

The charge for the Pre-IVF follow-up visit will be determined by the amount of time spent with your physician developing a treatment plan.

To achieve the best results on the semen analysis with strict Kruger morphology the couple should abstain from sexual relations for at least two but not more than five days.

The total package price for the Pre IVF tests listed above is \$1,567 and is due prior to testing.

If patient desires to bill insurance in most circumstances we will provide you with the appropriate lab request forms and ask you to have them drawn at the preferred lab provider suggested by your insurance company (such as Quest, LabCorp or an IHC facility). We apologize for any inconvenience this may cause but you should be aware that for most lab tests that we draw and send out for testing the insurance company reimburses us less than our costs. If we agree to bill the insurance company, the charges will be itemized at our normal fee for service price. The amount the insurance company does not pay will be the patient's responsibility if we are not a contracted provider. Safeguard prices are usually available for testing if we are not a contracted provider.

Hysterosalpingogram – We do not do this X-ray test of the uterus and fallopian tubes at our Center. We will provide you with orders to have this done by a Radiologist (available at most hospitals). This should be scheduled after menstrual bleeding has finished but before ovulation occurs (usually recommend before day 11 of the cycle). A copy of the report and the x-ray films should be sent to the RCC for review.

Cystic fibrosis mutation screening is recommended but may be declined by signing of a consent.

IVF COSTS

An **IVF Money Back Guarantee Package Plan** is available to patients that qualify. The charge is \$21,704 **plus** any premiums that are determined to apply. This “shared risk[®]” type plan includes up to 4 fresh IVF cycles with all the associated frozen embryo transfer cycles (potential value of >\$46,000). The contract is fulfilled with the delivery of a live baby. Two additional fresh IVF treatment cycles (6 total) can be included for an additional premium. There are exclusions for medication and anesthesia charges. Please request a detailed handout about this program if interested. Billing office staff can review this option with you and determine the

total charge including any applicable premiums **after** your physician has completed an “IVF Money Back Guarantee Plan Criteria Form”. In some circumstances, additional pre-IVF testing may be required to determine eligibility. Financing is available if qualified.

An **IVF Discounted Multiple Cycle Program** is available. This plan includes up to 2, 3 or 4 fresh IVF cycles (whichever option is chosen) with all the associated frozen embryo transfer cycles (potential savings of >\$25,000). The cost is \$15,285 for two, \$18,342 for three and \$20,380 for up to four fresh cycles. The contract is fulfilled with the delivery of a live baby or the completion of the purchased treatment cycles. No refund is available if a delivery does not occur. There are no additional premiums but it requires the medical approval of the primary physician. There are exclusions for medication and anesthesia charges. Associated procedures such as intracytoplasmic sperm injection (ICSI), testicular aspiration (needle) of sperm (TESE), preimplantation genetic diagnosis (PGD) or screening (PGS) and the use of a gestational surrogate are not included but can be purchased on a per cycle basis as needed. Please request a detailed handout about this program if interested. In some circumstances, additional pre-IVF testing may be required to determine eligibility.

Patients may also choose either the single cycle “**Global Single Cycle Fresh IVF Fee**”, “**Insurance**” or the “**Safeguard**” option for each treatment cycle.

The “**Insurance**” option will have all charges itemized and billed to insurance for the services rendered (unless your insurance company has a global fee [S code] price structure). An upfront down payment will be required in advance. Patients with United Healthcare who have a covered IVF benefit should pay \$1630 as a down-payment. The amount due upfront for other insurance plans is a minimum of \$2705, but you may be required to pay more based on your expected plan coverage. Any itemized amount not covered by insurance will be the responsibility of the patient to pay. ***This can often be more expensive for the patient if they do not have good IVF insurance coverage.*** Blue Cross Blue Shield (BCBS) patients need to work carefully with billers regarding their particular situation.

Safeguard Payment Plan for Non-Contracted Commercial Health Insurance Carriers*

Reproductive Care Center (RCC) recognizes that patient co-pays and deductibles are an increasing part of your health care dollar. In addition, because the rules of managed care plans often vary depending on the status of the health services provider, such as whether they are in “in network” or “out of network,” we know that it is often difficult for patients to understand how much they will ultimately be asked to pay. We developed the Safeguard Payment Plan so it would be clear—upfront—the amount that you would be financially responsible for.

If we are not contracted with your insurance company as a preferred provider and if we determine that you should be eligible for out of network infertility treatment benefits that cover the anticipated costs associated with IVF you may select the Safeguard Payment Plan. You pay 50% of the total expected insurance charges of your treatment upfront. This is the amount we have calculated as the patient payment average including all balance bills, co-pays, and deductibles. If you pay that amount, RCC will not hold you responsible for any additional cost. RCC will work with your insurance company to obtain payment for the insurer’s share. If we receive more than 100% of our usual and customary fees from the combination of the safeguard payment plan and the reimbursement from the insurance company, we will refund you the difference.

Examples

Cost of usual & customary IVF Fees	\$13,000	Cost of usual & customary IVF Fees	\$13,000	Cost of usual & customary IVF Fees	\$13,000
Your Safeguard payment	\$6,500	Your Safeguard payment	\$6,500	Your Safeguard payment	\$6,500
Insurer pays	\$11,000	Insurer pays	\$4,000	Insurer pays	\$0
Refund to patient	4,500	Refund to patient	\$0	Refund to patient	\$0
Net cost to patient	\$1,000	Net cost to patient	\$6,500	Net cost to patient	\$6,500

If we collect nothing from your insurer, you are only responsible for the Safeguard Payment amount—guaranteed. You do not have to select the Safeguard Payment Plan. If you do not, RCC will bill your insurance company for our usual and customary fee, and you will be held responsible for the difference between the amount paid by insurance and our fee.

*Commercial Health Insurance includes most PPO and traditional indemnity insurance programs. Commercial Health Insurance does not include Medicaid, Medicare, and Champus or other military insurance plans. Commercial Health Insurance also excludes Exclusive Provider Organizations (EPO's.) Call our Patient Billing Advocate to see if your Commercial Health Insurance qualifies you to participate in the Safeguard Payment Plan. Patients without Commercial Health Insurance are not eligible for the Safeguard Payment Plan.

The fee for the “Global Single Cycle Fresh IVF Fee” option is \$8,662 and is required to be paid before IVF medications begin. There is usually no discount off the global fee if a patient has lab work or other tests completed elsewhere as it requires extra time and effort for our staff to obtain and review the results. The patient will be responsible to pay for all services performed at any outside facility.

Global Low Stimulation Single Fresh IVF Cycle Fee package of \$5,197 (exclusions such as medication and anesthesia charges have been explained to us). This is a pre-paid cash discount package for a single low stimulation treatment cycle. There will be additional charges for additional specialized items such as intracytoplasmic sperm injection (ICSI) and extended culture. Some procedures such as cryopreservation and gestational surrogacy will not be done with this low cost package. Charges will not be itemized or billed to insurance. The entire payment is due prior to starting medications such as Femara or FSH in order to qualify for the pre-paid discount. The pregnancy rates per cycle are expected to be 20-40% below the regular cumulative IVF pregnancy rates due to the lower number of eggs retrieved and the resulting lower number of anticipated embryos to choose from for embryo transfer. See the “Low Stimulation IVF Financial Policies” handout for details.

Additional Charges per cycle that are not included in the Global Single Cycle Fresh IVF fee:

Intravenous sedation by Nurse Anesthetist is \$275 to be paid to the anesthetist prior to the day of egg retrieval. Payment needs to be either cashier's check, money order or cash. Personal checks may be used if paid prior to the day of the procedure. Credit cards are not accepted.

Intracytoplasmic sperm injection (ICSI) if needed is \$1,200.

Extended Embryo Culture (day 4-7 in attempt to grow blastocysts) if desired is \$204 (same price for up to 4 days of culture).

Testicular or epididymal sperm aspiration (TESE) is \$1,131 for first procedure and \$566 for the second aspiration if two procedures are required for the same treatment cycle.

Open testicular Biopsy to obtain sperm \$1,630

Back-up sperm cryopreservation is \$336. This is recommended if the husband has difficulty producing a semen sample or will be unavailable on the day of egg retrieval. If unable to produce a semen sample on the day of egg retrieval and a back-up sample is not available, testicular aspiration of sperm and ICSI can be performed (\$2,331 plus \$275 anesthetist fee).

Cryopreservation of excess embryos is \$650 for freezing the embryos in groups and \$976 for freezing the embryos individually. The fee is the same regardless of the number of embryos frozen, if they are frozen on the same day. If embryos are frozen on separate days (such as day 3 cleavage cell embryos and day 5 or day 6 blastocysts), then **an additional cryopreservation fee will be assessed for each day that embryos are frozen.**

Embryo storage is \$430 a year and will be billed on a calendar year basis. It will be prorated for the year in which the frozen embryo transfer cycle is completed.

Assisted Hatching is \$300. It should be considered with an abnormal zona pellucida (thick shell), 2 prior failed cycles, in women 38 or older, after thawing frozen embryos or as recommended by the physician.

Preimplantation Genetic Screening (PGS) testing for aneuploidy screening or gender selection using fluorescent in-situ hybridization (FISH) technology varies in cost depending on the laboratory used and the number of chromosomes tested (range from \$1,100 to \$3,500. This does not include the biopsy, biopsy supplies, shipping which is a separate fee. It should be considered when a woman is over the age of 35, has a history of recurrent miscarriages, desires selection of a specific gender or as recommended by the physician. This testing is usually provided through Reprogenetics, LLC. Fees are usually paid directly to the laboratory.

Preimplantation Genetic Diagnosis (PGD) testing for specific gene disorders such as cystic fibrosis using polymerase chain reaction (PCR) technology is available. Various laboratories can be used.
1) Reproductive Genetics Institute (RGI) in Chicago, Illinois. See: www.ReproductiveGenetics.com. A current list of the genetic tests available is on their website. RGI will usually supply the embryologist for ICSI and biopsy. They will bill the patient directly for all associated costs including ICSI, biopsy, biopsy supplies, shipping, and testing as applicable.

2) Testing is also available through Genesis Genetics Institute (Dr. Mark Hughes) in Detroit, Michigan. See: www.GenesisGenetics.org. Genesis Genetics Institute will bill the patient directly for the testing (and development if needed) costs and the physician interpretation fees. Embryo biopsy is not usually included. Reproductive Care Center will bill the patient for the costs of the embryo biopsy, supplies and shipping.

Embryo biopsy (or egg polar body) is \$2,038. If additional biopsies are performed during the same treatment cycle a 50% discount will apply to the 2nd and 3rd biopsy if needed.. This includes the biopsy, biopsy supplies and shipping (unless unusual shipping needs such as on holidays or some weekends are required).

Ovarian Hyperstimulation RCC Pre-Paid Coverage is \$290 for the regular IVF protocols (\$145 for the low stimulation protocol). On average 1-2% of IVF patients develop ovarian hyperstimulation (OHSS). Patients with irregular cycles or patients with large numbers of antral follicles (such as polycystic ovarian syndrome [PCOS]) are at even higher risk (up to 20-30%). RCC recommends that all patients purchase this coverage. If this complication occurs hydration with albumin and a procedure called culdocentesis with intravenous sedation may be needed to remove abdominal fluid. Generally one culdocentesis costs \$1,676. A patient may require multiple procedures (average 2-3 but may require up to 12). Pre-paid coverage is available (\$290/treatment cycle for a regular protocol (\$145/cycle for a low stimulation protocol) for OHSS treatment provided by RCC at the RCC (office evaluations, ultrasound, and culdocentesis as needed). This option does not include any coverage for treatment not provided at the RCC such as laboratory tests, hospitalization or emergency room care. Anesthetist fees are an additional charge. Due to the highly variable cost of obtaining albumin the cost of albumin needed for hydration is an additional cost (may be up to \$700 per treatment).

Insurance for complications of IVF within 1 year of the IVF cycle is \$525/cycle. It has been our experience that if a patient's insurance company does not cover IVF it will usually not cover complications of IVF. Thus, RCC recommends that patients who do not have insurance coverage for IVF consider purchase of insurance for complications of IVF. If insurance for complications of IVF has been purchased prior to the beginning of the cycle, patients will be covered up to \$250,000 with no deductible (for expenses not paid by your primary insurance company which will be billed first) and \$100,000 life insurance for death due to complications of the IVF cycle. This includes hospital and emergency room coverage. This insurance can be purchased by us for you through Brown & Brown Insurance. Details can be obtained through our business office. Information is also available at http://www.bbtexas.com/fertility_insurance_program_overview.php?file_id=87&link_id=45

Additional ultrasounds during pregnancy if needed or desired are at least \$280 with additional charges for multiple sacs, physician consult or bloodwork.

Additional ultrasounds and hormone assays. If patients are not adequately suppressed (high estradiol or large ovarian cysts) at their initial baseline ultrasound (either after suppression with Lupron, after taking oral contraceptives or on day 2-3 of the cycle), additional itemized fees for repeat ultrasound and/or blood testing will be required.

Gestational Surrogate – see separate pricing handout.

Cycle fees are due prior to starting any medication for the treatment cycle. Usually this is at least 6 weeks before target date for the egg retrieval. Payment reserves your spot on the schedule.

If a patient's cycle is cancelled, an egg retrieval occurs but no embryos are available for transfer or the treatment cycle is delayed, the accumulated charges will be itemized and funds remaining will be credited to the patients for future treatment or will be refunded. If the patient paid the global cycle fee and does not have the egg retrieval, a maximum cancellation fee of \$4,331 for the regular IVF protocol (\$2,599 for the low stimulation protocol) or the itemized charges, whichever is less, will be charged. If an embryo transfer does not occur after an egg retrieval a minimum of \$1,000 (\$500 for a low stimulation protocol) will be credited or refunded.

We accept cash, checks, and most major credit cards.

For patients who choose the insurance option and have a credit balance remaining after the completion of treatment, the credit amount will be refunded to the patient.

Global Single Cycle Fresh IVF Option

The following tests and procedures are **included** in the Global Single Fresh IVF Cycle Fee:

Group education class	Usual stimulation monitoring (US & E2 blood tests)
Pre-IVF focused physical exam	Egg retrieval and embryo culture for up to 3 days
Baseline ultrasound (US) scan if needed	Embryo transfer with ultrasound guidance if needed
Single suppression check (US & E2 blood test)	One quantitative pregnancy blood test

Post cycle review (within 6 months)

One pregnancy US 2 weeks after positive HCG

The following are **excluded** in the global fresh IVF cycle fee:

Initial physician consultation fees

Pre IVF testing charges including trial transfer if needed

Hysterosalpingogram or 3D saline sonogram

ICSI (intracytoplasmic sperm injection)

Cryopreservation of embryos

Hospitalization for any reason

Services performed by any third party without exception

Clinical care related to ovarian hyperstimulation syndrome

Clinical care related to evaluation and treatment of complications of IVF

Additional ultrasounds or blood tests necessary to evaluate an abnormal pregnancy

Treatment for a miscarriage or an ectopic pregnancy

Clinical care related to pregnancy (other than the initial HCG and 1st ultrasound)

Treatment for unrelated medical conditions

Surgeries not related to the IVF cycle

MicroSort sperm sorting for gender selection (additional non-refundable fee per cycle)

Preimplantation Genetic Diagnosis (PGD) testing with associated biopsy fees

Frozen embryo transfer cycle fees

Embryo thawing for frozen embryo transfer cycles.

Collection and shipping charges for blood tests sent to RCC

Intravenous sedation by Nurse Anesthetist. \$275 to be paid to the anesthetist prior to the day of egg retrieval. Payment needs to be either check, cashier's check, money order or cash on the day of cycle fee payment.

Follow-up consult fees prior to starting IVF

Any medications needed for the cycle

Cyst checks with US

TESE (testicular sperm aspiration)

Embryo storage

Any test or treatment not done at RCC

Extended embryo culture (day 4-6)

Culdcentesis related costs

Frozen embryo transfer cycle (FET)

If the patient has frozen embryos then we usually recommend a controlled endometrial development (CED)" Frozen Embryo Transfer Cycle (FET). The medications for a CED FET cycle generally cost approximately \$200-\$450. The Global Single CED FET cycle fee is \$2,935. A cancellation fee equal to half the Global Fee charge or the "fee for service" charges for services rendered, whichever is less, will be assessed. If a saline sonogram, trial transfer or other evaluation test needs to be completed, this would be an additional charge.

Additional Charges per cycle that are not included in the Global Single Cycle CED FET fee

Extended Embryo Culture (day 4-7 in attempt to grow blastocysts) if desired is \$204 (same price for up to 4 days of culture).

Repeat Cryopreservation of embryos is \$650 for freezing the embryos in groups and \$976 for freezing the embryos individually. The fee is the same regardless of the number of embryos frozen, if they are frozen on the same day. If embryos are frozen on separate days (such as day 3 cleavage cell embryos and day 5 or day 6 blastocysts), then **an additional cryopreservation fee will be assessed for each day that embryos are frozen.**

Continued Embryo storage is \$430 a year and will be billed on a calendar year basis. It will be prorated for the year in which the frozen embryo transfer cycle is completed.

Assisted Hatching is \$300. It should be considered with an abnormal zona pellucida (thick shell), 2 prior failed cycles, in women 38 or older, after thawing frozen embryos especially if using blastocysts or as recommended by the physician.

Preimplantation Genetic Screening (PGS) testing for aneuploidy screening or gender selection using fluorescent in-situ hybridization (FISH) technology varies in cost depending on the laboratory used and the number of chromosomes tested (range from \$1,100 to \$3,500. This does not include the biopsy, biopsy supplies, shipping which is a separate fee. It should be considered when a woman is over the age of 35, has a history of recurrent miscarriages, desires selection of a specific gender or as recommended by the physician. This testing is usually provided through Reprogenetics, LLC. Fees are usually paid directly to the laboratory.

Preimplantation Genetic Diagnosis (PGD) testing for specific gene disorders such as cystic fibrosis using polymerase chain reaction (PCR) technology is available. Various laboratories can be used.

1) Reproductive Genetics Institute (RGI) in Chicago, Illinois. See: www.ReproductiveGenetics.com. A current list of the genetic tests available is on their website. RGI will usually supply the embryologist for ICSI and biopsy. They will bill the patient directly for all associated costs including ICSI, biopsy, biopsy supplies, shipping, and testing as applicable.

2) Testing is also available through Genesis Genetics Institute (Dr. Mark Hughes) in Detroit, Michigan.

See: www.GenesisGenetics.org. Genesis Genetics Institute will bill the patient directly for the testing (and development if needed) costs and the physician interpretation fees. Embryo biopsy is not usually included. Reproductive Care Center will bill the patient for the costs of the embryo biopsy, supplies and shipping.

Embryo biopsy (or egg polar body) is \$2,038. If additional biopsies are performed during the same treatment cycle a 50% discount will apply to the 2nd and 3rd biopsy if needed.. This includes the biopsy, biopsy supplies and shipping (unless unusual shipping needs such as on holidays or some weekends are required).

Additional ultrasounds during pregnancy if needed or desired are at least \$280 with additional charges for multiple sacs, physician consult or bloodwork.

Additional ultrasounds and hormone assays. If patients are not adequately suppressed (high estradiol or large ovarian cysts) at their initial baseline ultrasound (either after suppression with Lupron or on day 2-3 of the cycle), additional itemized fees for repeat ultrasound and/or blood testing will be required.

Gestational Surrogate if needed is an additional \$320.

The following tests and procedures are **included** in the Global Single CED FET Cycle Fee:

Injection training update if needed	Embryo thaw
Single suppression check (US & E2 blood test)	Embryo transfer with ultrasound guidance if needed
Endometrial lining check	One quantitative pregnancy blood test
	One pregnancy US 2 weeks after positive HCG

The following are **excluded** in the global FET cycle fee:

Pre FET testing charges including trial transfer if needed	Any medications for the FET cycle
Hysterosalpingogram or 3D saline sonogram	Cyst checks with US
Repeat cryopreservation of embryos	Continued Embryo storage
Hospitalization for any reason	Any test or treatment not done at RCC
Services performed by any third party without exception	Embryo culture after thaw
Clinical care related to evaluation and treatment of complications of FET	
Additional ultrasounds or blood tests necessary to evaluate an abnormal pregnancy	
Treatment for a miscarriage or an ectopic pregnancy	
Clinical care related to normal pregnancy (other than the initial HCG and 1 st ultrasound)	
Treatment for unrelated medical conditions or surgeries not related to the FET cycle	
Preimplantation Genetic Screening (PGS) or Diagnosis (PGD) testing with associated biopsy fees	
Collection and shipping charges for blood tests sent to RCC	