

CYCLE MONITORING (Based on an avg. of 5 visits):

"A Place for Modern Miracles"

NON INSURANCE HMG/FSH OVULATION INDUCTION CYCLE COST INDEX

Ultrasounds			\$	1,250.00		
Estradiol Levels			\$	210.00		
Venipunctures			\$	50.00		
			\$	1,510.00		
INSEMINATION VISITS:						
Artificial Insemination	2 @ 420	0.00	\$	840.00		
Sperm Washing	2 @ 120		\$	240.00		
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TOTAL F.I.R.M. CHARGES			\$	\$ 2,590.00		
MEDICATIONS (Paid directly to phe Medication need varies between patient The estimate listed is for informational POTENTIAL ADDITIONAL FEES:	s given dif	fering factors of a		,500 - \$3,500 weight, prior history,	, and other variables	
Pregnancy Assessment	\$202.	00 (if not covered	l by	insurance)		
Please contact I		s subject to chang sk if prices have c		thout notice. ged prior to your IVI	F start date.	
Patient Signature D	ate	Presented by			Date	
Effective 07/22						