



flORIda
INstitute
FOR REPRODUCTIVE MEDICINE

“A Place for Modern Miracles”

IN VITRO FERTILIZATION PROGRAMS

The Florida Institute for Reproductive Medicine recognizes the high costs associated with infertility treatments; and, the realization that even with treatment a pregnancy cannot be guaranteed. Given this, and feedback from our patients desiring greater flexibility in treatment choice, we have developed the following treatment options. Please refer to the accompanying individual cost sheets for greater detail about each program.

SINGLE IVF CYCLE

This is the original and most common way people utilize IVF. In it, fertility medications to stimulate the ovaries is used; followed by egg retrieval, egg fertilization, embryo transfer and freezing of any additional remaining embryos not transferred. For younger women with a good probability of success and the desire of future frozen embryo use, this is generally the preferred plan. Anyone may participate in this plan if they wish. Specialized micro-manipulative embryology services (ICSI & assisted hatching), and future frozen embryo cycles are not included in the cost and are billed separately.

Initials

CRYOPRESERVED IVF CYCLE

Cryopreserved embryos are thawed and transferred in an estrogen/progesterone prepared cycle. There is no refund associated with this program.

Initials

MINIMAL STIMULATION IVF

This is essentially the same as traditional single cycle IVF with the exception that a less intense drug regimen is used, resulting in lower quantity egg development. Because of this, drug costs and monitoring costs are lower than traditional IVF. Egg retrieval, fertilization, and embryo transfer are performed as in any IVF cycle. However, excess embryos may not be available for freezing given the lower number of eggs produced. This plan is ideally suited for those women who do not intend to have embryo freezing performed (e.g. only desire one more child, ethically opposed to embryo freezing), or will likely only have a few eggs develop whether they use minimal or high-dose drug stimulation (women with poor ovarian/egg reserve). However, anyone may participate in this plan if they wish.

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*In Vitro Fertilization / ICSI • Tubal Surgery • Microsurgery • Laser Surgery • Ovulation Induction • Male Infertility (Andrology)
Sperm Bank • Contraception • Menstrual Irregularities • Hirsutism • Congenital Anomalies • Menopause • Robotic Surgery • Fertility Preservation*

Specialized micromanipulative embryology services (ICSI & assisted hatching), and future frozen embryo cycles are not included in the cost and are billed separately. There is no refund associated with this program, but discounts are given for future cycles if pregnancy does not result, and another fresh mini-stim cycle is performed.

Initials

THREE CYCLE IVF PROGRAM

This program allows for up to three fresh IVF cycles, with all micromanipulative embryology services (ICSI & assisted hatching, if necessary), and frozen embryo attempts included within an 18 month time period. Since three IVF cycles are being purchased simultaneously in advance, it is heavily discounted. This program makes sense for a woman with a lower than optimal probability of success with one IVF attempt, and therefore will likely require several IVF attempts in order to obtain the highest success rate. However, anyone may participate in this plan if they wish. There are no refunds, whether pregnancy occurs before three fresh cycles are used, or does not occur after three fresh cycles are completed, associated with this program. All cycles in plan must be completed within 18 months of starting program.

Initials

IVF GUARANTEE PROGRAM

This package allows for up to three fresh IVF cycles, with all micromanipulative embryology services (ICSI & assisted hatching, if necessary), and frozen embryo attempts included within an 18 month time period. Anesthesia charges are not included or refundable and are billed separately per cycle performed. If pregnancy progressing to 20 weeks gestation does not occur after completing all three fresh IVF cycles and associated frozen embryo transfers, then 70% of our fee will be refunded. Please note, not all patients will qualify for this program, and inclusion/exclusion criteria must be met before acceptance into the program. This program works well for those women wanting to know they will have the financial ability to pursue other family building measures such as donor egg or embryo adoption, if they do not become pregnant with through the use of IVF with their own eggs.

Initials

THREE CYCLE BANKING PROGRAM

This package includes three fresh IVF cycles, in which any resulting blastocyst(s) are cryopreserved. If pre-embryo genetic testing is desired biopsy will be performed prior to cryopreservation. This program is discounted and there are no refunds, guarantees of obtaining a chromosomally normal embryo, or ongoing pregnancy, with this program. This program is felt to be best suited for women of advanced reproductive age whose per cycle IVF success rates are expected to be low, and wish to maximize their embryo transfer success rate by identifying those embryos most likely to initiate a pregnancy prior to embryo transfer. All cycles in plan must be completed within 18 months of starting program.

CLOMID BANKING IVF PROGRAM

This package includes three clomid IVF cycles in which any resulting blastocysts are cryopreserved. It is intended for very low response patients who would not get more than 1-3 eggs with high dose gonadotropin therapy. The idea behind the program is to potentially be able to transfer 1-3 blastocyst embryos to an individual with very low ovarian reserve at the same cost as a single IVF high dose gonadotropin cycle. If pre-embryo genetic testing is desired, biopsy will be performed prior to cryopreservation. Pre-embryo genetic testing is an added cost. This program is discounted and there are

no refunds, guarantees of obtaining a euploid or high quality embryo or ongoing pregnancy. This program is intended for women with very low ovarian reserve who still wish to try and initiate pregnancy with their own eggs. All cycles in plan must be completed within 18 months of starting program.

SINGLE IVF CYCLE COST INDEX (NON-INSURANCE)

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

Office Visit
Ultrasounds
Estradiol Levels
Venipunctures

RETRIEVAL/TRANSFER:

Embryology
Retrieval
Transfer

TOTAL F.I.R.M. CHARGES

\$ 7,290.00

MEDICATIONS (Paid directly to pharmacy)

\$3000 - \$7000

Medication need varies between patients given differing factors of age, weight, prior history, and other variables. The estimate listed is for informational purposes.

POTENTIAL ADDITIONAL PER CYCLE FEES

Anesthesia	\$500.00	
ICSI, if required	\$800.00	
Assist hatching over age 35	\$800.00	
Cryopreservation fee (embryos)	\$400.00 (includes 1 year of storage)*	
Cryopreservation fee (eggs)	\$400.00 (includes 1 year of storage)*	
PGT-A (paid to Igenomix)	Embryo testing	\$ 200.00 (each)
Embryo biopsy		\$4,000.00
Embryology lab/thaw		\$ 800.00
F.I.R.M. day 13 visit: ultrasound, E2, P4		\$ 431.00 (each visit)
Shipping (paid to Igenomix)		\$ 415.00 (estimate)

Pregnancy blood work and pregnancy ultrasounds are not included

All fees subject to change without notice.

Please contact Billing to ask if prices have changed prior to your IVF start date.

Patient Signature

Date

Presented by

Date

Effective 07/25

CRYOPRESERVED (PRE) EMBRYO IVF COST INDEX (NON INSURANCE)

OFFICE MONITORING (\$431.00 each visit)
Office Visit
Ultrasound
Hormonal Testing

THAW/TRANSFER
Thaw
Transfer

TOTAL F.I.R.M. CHARGES **\$ 4,481.00 - \$5,774.00**

Potential Additional Fees:

Anesthesia	\$500.00
Assisted Hatching	\$800.00
Baseline monitoring	\$320.00 - \$431.00

MEDICATIONS UNTIL PREGNANCY TEST (Paid directly to pharmacy) Approximately **\$ 600-\$2,500**
Insurance companies vary as to whether they cover medications after a positive pregnancy test

PREGNANCY BLOOD WORK AND PREGNANCY ULTRASOUNDS NOT INCLUDED

*All fees subject to change without notice.
Please contact Billing to ask if prices have changed prior to your IVF start date.*

_____ Patient Signature	_____ Date	_____ Presented by	_____ Date
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Effective 07/25

MINIMAL STIMULATION IVF COST INDEX (NON INSURANCE)

CYCLE MONITORING (Based on an average of 3-4 visits. If monitoring exceeds 4 visits the plan is no longer considered a minimal stimulation cycle, the cycle will be converted to a traditional single IVF cycle):

- Office Visit
Ultrasounds
Estradiol level
Venipunctures

RETRIEVAL/TRANSFER:

Embryology
Retrieval
Transfer

TOTAL F.I.R.M. CHARGES

\$ 5,754.00

MEDICATIONS (Paid directly to pharmacy)

\$ 2,500.00 (estimated)

Medication need varies between patients given differing factors of age, weight, prior history, and other variables. The estimate listed is for informational purposes.

POTENTIAL ADDITIONAL PER CYCLE FEES

Anesthesia	\$250.00	
Assist hatching over age 35	\$400.00	
ICSI, if done	\$400.00	
Cryopreservation fee (embryos)	\$400.00 (includes 1 year of storage)*	
Cryopreservation fee (eggs)	\$400.00 (includes 1 year of storage)*	
PGT-A (paid to Igenomix)	Embryo testing	\$ 200.00 (each)
Embryo biopsy		\$4,000.00
Embryology lab/thaw		\$ 800.00
F.I.R.M. day 13 visit: ultrasound, E2, P4		\$ 431.00 (each visit)
Shipping (paid to Igenomix)		\$ 415.00 (estimate)

Pregnancy blood work and pregnancy ultrasounds are not included

All fees subject to change without notice.

Please contact Billing to ask if prices have changed prior to your IVF start date.

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Effective 07/25

THREE CYCLE IVF PLAN COST INDEX (NON INSURANCE)

FRESH IVF CYCLE MONITORING (Up to three total cycles)

Office visits and ultrasounds
Hormonal testing

FRESH IVF RETRIEVAL/TRANSFER (Up to three total cycles)

Anesthesia
Embryology/ICSI
Retrieval
Transfer

CRYOPRESERVED EMBRYO TRANSFER (As necessary until pregnancy occurs)

Office visits and ultrasounds.
Hormonal testing
Embryo thaw and transfer

TOTAL F.I.R.M. CHARGES

\$ 19,520

MEDICATIONS (Paid directly to pharmacy)

\$3000 – 7000 (per cycle)

Medication need varies between patients given differing factors of age, weight, prior history, and other variables.
The estimate listed is for informational purposes.

POTENTIAL ADDITIONAL FEES

Cryopreservation fee (embryos)	\$ 400 (due for cycles 2 & 3)*	
Sperm retrieval (MESA/TESA)	\$4450	
PGT-A (paid to Igenomix)	Embryo testing	\$ 200.00
Embryo biopsy		\$4,000.00
Embryology lab/thaw		\$ 800.00
F.I.R.M. day 13 visit: ultrasound, E2, P4		\$ 431.00 (after first visit)
Shipping (paid to Igenomix)		\$ 415.00 (estimate)

Pregnancy blood work and pregnancy ultrasounds are not included

Payment is due on your first cycle IVF start date. If, for medical reasons (e.g. poor stimulation/prognosis), the patient and physician mutually agree to terminate the Three Cycle IVF Plan prior to initiation of the third fresh IVF cycle, charges will be appropriated based on the Non-Insurance Traditional IVF Fee Schedule. Any remaining credit balance will be applied to subsequent treatment, such as Donor Egg IVF. To participate in this plan, you must not have health insurance coverage for IVF services. All frozen embryos resulting from a fresh cycle need to be used prior to starting a new fresh cycle. If the patient achieves a pregnancy, and successfully passes twenty weeks of gestation prior to completing their third fresh cycle, the plan will be considered completed. The patient has 18 months to complete the plan. If the patient does not utilize all treatments provided by the plan within the 18 month time period, the plan is still considered completed and no monies will be refunded. This plan does not include a refund offer.

All fees subject to change without notice.

Please contact Billing to ask if prices have changed prior to your IVF start date.

Patient Signature
Effective 07/25

Date

Presented by

Date

IVF GUARANTEE (SHARED RISK PROGRAM) COST INDEX

FRESH IVF CYCLE MONITORING (Up to three total cycles)

Office visits and ultrasounds
Hormonal testing

FRESH IVF RETRIEVAL/TRANSFER (Up to three total cycles)

Retrieval
Embryology/ICSI/Transfer
Anesthesia

CRYOPRESERVED EMBRYO TRANSFER (Up to three total cycles)

Office visits and ultrasounds
Hormonal testing
Embryo thaw and transfer

TOTAL REFUNDABLE F.I.R.M. CHARGES \$ 23,970

SEPARATE NON-REFUNDABLE CHARGES LISTED BELOW:

MEDICATIONS (Paid directly to pharmacy)

\$3000 – 7000 (per cycle)

Medication need varies between patients given differing factors of age, weight, prior history, and other variables. The estimate listed is for informational purposes.

POTENTIAL ADDITIONAL FEES

Cryopreservation storage fee (embryos)

\$ 400 (due for cycles 2 & 3)*

Sperm retrieval (MESA/TESA)

\$4450

Pregnancy blood work and pregnancy ultrasounds are not included

Payment is due on your first cycle IVF start date. To participate in this plan, you must meet entry qualifications and not have health insurance coverage for IVF services. If a patient qualifies for the program, they are allowed up to three fresh IVF cycles as well as all cryo IVF cycles related to their fresh IVF cycles for a cost of \$21,600. All frozen embryos resulting from a fresh cycle need to be used prior to starting a new fresh cycle. If the patient achieves a pregnancy, and successfully passes twenty weeks of gestation prior to completing their third fresh cycle, the plan will be considered completed. If the couple does not become pregnant and successfully pass twenty weeks of gestation after three fresh IVF transfers, as well as the transfer of all their cryopreserved embryos, they will be refunded 70% of their \$21,600 program fee.

If no sperm, inadequate numbers of sperm, or very poor quality sperm are obtained, the couple must be willing to use donor semen. If the couple is considering epididymal or testicular sperm extraction, the male partner must have normal hormone levels, and possibly genetic testing. If no sperm or poor quality sperm are obtained upon epididymal or testicular extraction, the couple must be willing to use donor sperm to fertilize the retrieved eggs. The male evaluation and extraction procedure are not included in the IVF Guarantee Program charge, and will be performed, if necessary, at an additional cost.

If cancellation of the program is necessary for medical reasons, or by mutual agreement of the patient and physician for other reasons, prior to completion of the program, charges will be appropriated based on the Non-Insurance Traditional IVF Fee Schedule. Any remaining credit balance will be applied to subsequent treatment, such as Donor Egg IVF.

IVF GUARANTEE (SHARED RISK PROGRAM) INCLUSION AND EXCLUSION CRITERIA

To qualify for the program, the following conditions need to be met. The patient must:

- Not have insurance coverage for IVF
- Be 37 years of age or younger prior to her first IVF retrieval, and finish her last IVF retrieval by age 38
- Have a uterus capable of carrying a pregnancy to term (i.e. there cannot be significant abnormality predisposing to poor implantation or miscarriage, unless corrected prior to treatment)
- Have two intact ovaries without significant pathology
- Have a body mass index (BMI) ≤ 33
- Have normal ovarian reserve evaluation
- Have a stimulated endometrial thickness greater than, or equal to, 7 mm
- Have satisfactory partner sperm for fertilization of eggs, or use donor sperm if partner sperm is unsatisfactory
- Not have a communicating hydrosalpinx (fallopian tube filled with fluid) in place
- Not have had more than one prior failed IVF cycle
- Not have any medical condition predisposing to poor implantation or miscarriage
- Not have a history of recurrent pregnancy loss
- Not use tobacco, recreational drugs, or be on any potentially teratogenic medication

*Inclusion and exclusion criteria are subject to change without notice.
Please contact Billing to ask if criteria or pricing has changed prior to your IVF start date.*

Patient Signature Accepting Above
Effective 07/25

Date

Physician Acceptance into Program

Date

THREE CYCLE IVF BANKING PLAN COST INDEX (NON INSURANCE)

FRESH IVF CYCLE MONITORING (Three total cycles)

Office visits and ultrasounds
Hormonal testing

FRESH IVF RETRIEVALS (Three total cycles)

Anesthesia
Embryology/ICSI
Retrieval
Cryopreservation

IN-HOUSE PGS/NGS (Up to 16 embryos)

Biopsy
Preimplantation Genetic Testing for Aneuploidy (PGT-A)

CRYOPRESERVED EMBRYO TRANSFER (One frozen embryo transfer cycle)

Office visits and ultrasounds
Hormonal testing
Embryo thaw and transfer

TOTAL F.I.R.M. CHARGES

\$ 37,720

MEDICATIONS (Paid directly to pharmacy – not included) \$3000 – 7000 (per cycle)

Medication need varies between patients given differing factors of age, weight, prior history, and other variables.
The estimate listed is for informational purposes.

POTENTIAL ADDITIONAL FEES

Annual cryopreservation storage fee	\$400 (if necessary, beginning 12 months after the last IVF retrieval)*
Sperm retrieval (MESA/TESA)	\$4450
PGT-A (PGS) testing of each additional blastocyst over the 16 included	\$200
Subsequent cryopreserved (frozen) embryo transfer cycle	\$4481 - \$5774

Pregnancy blood work and pregnancy ultrasounds are not included

After each IVF retrieval, the resulting blastocyst embryos will be biopsied and screened for normal (euploid) chromosome make-up. (Please see separate PGT-A consent for complete details). This package is ideally suited for those individuals who wish to bank embryos over the course of several IVF cycles in hopes of maximizing their ability to obtain a chromosomally normal (euploid) embryo for transfer. If the number of blastocysts available for biopsy exceeds 16 during the course of the plan, PGT-A will be performed at an additional cost of \$200 for each additional embryo (if desired). This plan does not include a guarantee of obtaining a chromosomally normal embryo, ongoing pregnancy, or a refund offer. If after completion of the plan, additional euploid embryos are available, they may be used at customary cryopreserved embryo cycle fees at the time of use. Payment is due on your first cycle IVF start date. To participate in this plan, you must not have health insurance coverage for IVF services. All cycles in plan must be completed within 18 months of starting program. Embryo storage will be billed based on first cycle cryopreservation date.

All fees subject to change without notice.

Please contact Billing to ask if prices have changed prior to your IVF start date.

Patient Signature
Effective 07/25

Date

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Date

CLOMID BANKING IVF PROGRAM COST INDEX (NON-INSURANCE)

CYCLE MONITORING

Office visits
Ultrasounds

RETRIEVALS (Three total cycles)

Embryology
Retrieval
Anesthesia
Transfer (one frozen embryo transfer)
Cryopreservation fee embryos (includes one year of storage)*

TOTAL F.I.R.M. CHARGES

\$ 18,870

MEDICATIONS (Paid directly to pharmacy – not included) \$230 – \$400 (per cycle)

Medication need varies between patients given differing factors of age, weight, prior history, and other variables.
The estimate listed is for informational purposes.

POTENTIAL ADDITIONAL FEES

ICSI, if required	\$ 800.00	
Assisted Hatching, if required	\$ 800.00	
PGT-A (paid to Igenomix)	Embryo testing	\$ 200.00
Embryo biopsy		\$4,000.00
Embryology lab/thaw		\$ 800.00
F.I.R.M. day 13 visit: ultrasound, E2, P4		\$ 431.00 (after first visit)
Shipping (paid to Igenomix)		\$ 415.00 (estimate)

All cycles in plan must be completed within 18 months of starting program.

Pregnancy blood work and pregnancy ultrasounds are not included

*All fees subject to change without notice.
Please contact Billing to ask if prices have changed prior to your IVF start date.*

_____ Patient Signature	_____ Date	_____ Presented by	_____ Date
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Effective 07/25