

Financial Policy for In Vitro Fertilization (IVF)

As an IVF patient, it is important for you to understand all aspects of your treatment. The following information will help you understand the financial implications of an IVF cycle and related services. All patients must meet with a representative of our insurance department to discuss all the financial aspects of your cycle. This is required from all patients for every new IVF cycle as well as any subsequent cycle.

A.F.S., P.C. participates with various health insurance plans. It is your responsibility to notify A.F.S., P.C. of your health insurance(s) and provide a copy of your health insurance card(s). We will assist with the verification of infertility benefits and pre-certification, if necessary, for those patients with a participating plan. You are responsible for all co-payments at the time services are rendered.

Patients with no infertility benefits or a non-participating plan are responsible for full payment of services as described in the attached information. It is the patient's responsibility to verify their coverage by calling the insurance to confirm your benefits. A.F.S., P.C. will assist with you with any pre-certification requests. For your convenience, A.F.S., P.C. accepts cash, checks or credit cards (Visa, MasterCard, and American Express). All checks should be made payable to: **A.F.S., P.C.**

In the event you wish to submit claims to your insurance company (for those with no infertility benefits or a non-participating health plan), upon request we will provide you with a financial statement including the appropriate diagnosis, services rendered and applicable program charges.

Please note that ***failure to pay for your services as required may result in the postponement of treatment.*** Should your IVF cycle be postponed or canceled for this or other reasons, you will be charged only for the services you have received. A.F.S., P.C. will issue you a credit via check and/ or credit card for unused services, or you may have this amount held in your account and applied to a subsequent cycle.

Attached is specific information regarding the services A.F.S., P.C. charges related to IVF. This includes In Vitro Fertilization (IVF), Frozen Embryo Transfer (FET), Donor Oocyte cycle (DE/ IVF), and related procedures. The attached financial policy **does not** include the cost of medications.

Please review this information carefully. If you have any questions, or require more information, please contact our insurance department at: **212-369-8700**

PROGRAM CHARGES FOR IN VITRO FERTILIZATION

INITIAL WORKUP

Procedure	CPT4 Code	Charge
Initial Consultation	99205	\$ 350.00 *
Office Visit – Cycle Management	99215	\$ 70.00
Transvaginal Ultrasound	76856	\$ 200.00
Estradiol – E2	82670	\$ 60.00
Progesterone	84144	\$ 60.00
Luteinizing Hormone – LH	83002	\$ 60.00
Follicle Stimulating Hormone - FSH	83001	\$ 60.00
Beta Chorionic Gonadotropin – β -HCG.	84702	\$ 60.00
HCG Medication	J0725	\$ 65.00
Injection of Medication	90782	\$ 25.00
Diagnostic Semen Analysis	89320	\$ 175.00
OB office visit	99214	\$ 100.00
OB ultrasound	76817	\$ 250.00

- Effective March 15, 2008

PATIENTS WITH INFERTILITY BENEFITS:

- ❖ All co-payments are due upon services rendered.
- ❖ It is the responsibility of the patient to obtain any or all referrals from their primary care physician (PCP) or insurance company. In the event a referral is not obtained, you will be responsible for any services not paid by the insurance company.
- ❖ In the event your claims are denied due to termination of coverage, a lapse in coverage, exhaustion of benefits, or services not covered, you will be responsible for payment in full.

PATIENTS WITH NO INFERTILITY BENEFITS

- ❖ Full payment for services rendered by Advanced Fertility Services, P.C. related to an In Vitro Fertilization cycle is due upon start of medication.
- ❖ The above charges **exclude** medications.
- ❖ All accounts must be reconciled prior to any subsequent cycles.

PROGRAM CHARGES FOR IN VITRO FERTILIZATION

IVF Cycle Charges: Following are the services and charges associated with an in vitro fertilization (IVF) cycle. Please note that full payment is required as indicated the **Payment Due** column. Fees are subject to change without notice.

PROCEDURE	CHARGE	PAYMENT DUE
<p><u>IVF CYCLE</u></p> <ul style="list-style-type: none"> • Endocrine assays ¹ • Follicular ultrasound monitoring ¹ • Medical Management - Office visits • Phlebotomy fee • Oocyte Retrieval and Embryo Transfer • Embryology Laboratory services • Semen Preparation 	\$7,000.00 ²	<p>For patients with no infertility benefits:</p> <ul style="list-style-type: none"> • Upon start of cycle medication. <p>For patients with infertility benefits:</p> <ul style="list-style-type: none"> • Co-pay due upon visits.
Anesthesia: <i>Innovative Anesthesia Solutions, P.C.</i>	\$500.00 ³	<p>For patients with no anesthesia benefits:</p> <ul style="list-style-type: none"> • Upon start of cycle medication. <p>For patients with anesthesia benefits: Insurance payment will be accepted.</p>
Micromanipulation – ICSI	\$1,000.00	Upon notice, if not covered by insurance.
Assisted Hatching	\$1,000.00	Upon notice, if not covered by insurance.
Embryo Cryopreservation – initial year of storage included	\$1,000.00	Upon notice, if not covered by insurance.
Additional Embryo storage	\$600.00	Upon notice.
Blastocyst Culture	\$1,000.00	Upon notice, if not covered by insurance
Semen Cryopreservation – includes 6 months storage	\$250.00	Upon notice, if not covered by insurance.
<p><u>Frozen Embryo Transfer cycle (FET)</u></p> <ul style="list-style-type: none"> • Endocrine assays ¹ • Follicular ultrasound monitoring ¹ • Medical Management - Office visits • Embryology Laboratory services • Embryo Transfer • Phlebotomy fee 	\$3,500.00 ²	<p>For patients with no infertility benefits:</p> <ul style="list-style-type: none"> • Upon start of cycle medication. <p>For patients with infertility benefits:</p> <ul style="list-style-type: none"> • Co-pay due upon visits.

Please Note: ¹ Number of ultrasounds and endocrine assays varies with each patient and cycle.

² The cycle **does not** include the cost of medications.

³ Payment made payable to: ***Innovative Anesthesia Solutions, P.C.***

**All billing inquiries must be made through Innovative Anesthesia Solutions, P. C.
by calling 516-570-2306**

<i>Additional Services offered at Advanced Fertility Services</i>		
Oocyte Cryopreservation (Egg Freezing) Cycle	\$7,000.00 ⁴	Upon start of cycle medication.
Oocyte(s) storage fees	\$500.00 ⁵	Upon notice.
Oocyte thawing, Fertilization, ICSI, and Transfer	\$4,500.00	Upon start of cycle medication.
Preimplantation Genetics Diagnosis (PGD)		
Aneuploidy	\$3,700.00 and up	Upon notice.
Translocation	\$5,400.00 ⁶	Upon notice.

Please Note: ⁴ Oocyte Cryopreservation and associated services are not covered by insurance.
⁵ Payment made payable to : **ReproTech**.
⁶ PGD testing and associated services are not covered by insurance.

PROGRAM CHARGES FOR A DONOR OOCYTE CYCLE

IVFDE Cycle Charges: Following are the services and charges associated with a Donor Egg (IVFDE) cycle. Please note that full payment is required as indicated the **Payment Due** column. Fees are subject to change without notice.

PROCEDURE	CHARGE	PAYMENT DUE
<u>Donor Oocyte Cycle</u> <ul style="list-style-type: none"> • Donor compensation (\$8000) • Donor screening costs • Donor medications • IVF procedure • Recipient synchronization • Recipient Transfer • Assisted Hatching • ICSI • Cryopreservation • Pregnancy test • Anesthesia • Frozen Embryo Transfer (FET) Cycles 	\$25,000.00 ^{1,2}	<p>\$12,500 cycle down payment due when donor is selected.</p> <p>\$12,500 balance due upon start of the donor's medication.</p>

Please note: ¹ There will be no extra charge for Donor Oocyte Frozen Embryo Transfers (FET), until a viable pregnancy is achieved. Thereafter, each FET will have a cycle charge of \$3,500.

² Medications are not included in the Frozen Embryo Transfer (FET).

THE RECIPIENT IS RESPONSIBLE FOR THE PURCHASE OF THEIR MEDICATIONS.

DONOR OOCYTE CYCLE CANCELLATION POLICY

- In the event your cycle is canceled, prior to the donor's hCG injection, for medical or other reasons, you will be charged based on actual services rendered to you as well as the donor. A donor compensation fee of \$500 will be charged.
- In the event your cycle is canceled, after the donor's hCG injection, for medical or other reasons, you will be charged based on actual services rendered to you as well as the donor. The full compensation fee of \$8000 will be charged. You will also be charged for all of the donor's screening costs and medication cost.

PROGRAM CHARGES FOR A KNOWN DONOR OOCYTE CYCLE

PROCEDURE	CHARGE	PAYMENT DUE
<p><u>Known Oocyte Donor Cycle</u></p> <ul style="list-style-type: none"> • Donor screening costs • Donor medications • IVF procedure • Recipient synchronization • Recipient Transfer • Assisted Hatching • ICSI • Cryopreservation • Pregnancy test • Anesthesia • Frozen Embryo Transfer (FET) Cycles 	<p>\$17,000</p>	<p>\$10,000 cycle down payment when donor starts screening</p> <p>\$7,000 balance due upon start of the donor's medication</p>

Please note: ¹ All **FET** cycles will be included in the overall global fee using embryos from the original cycle.

THE RECIPIENT IS RESPONSIBLE FOR THE PURCHASE OF THEIR MEDICATIONS.



AFS Medical Services Operating &
Recovery Room Services



Accredited Ultrasound Department

Payment Policy for In Vitro Fertilization

PATIENTS WITH INFERTILITY BENEFITS

- ❖ All co-payments are due upon services rendered.
- ❖ It is the responsibility of the patient to obtain any or all referrals from their primary care physician (PCP) or insurance company. In the event a referral is not obtained, you will be responsible for any services not paid by the insurance company.
- ❖ In the event your claims are denied due to termination of coverage, a lapse in coverage, exhaustion of benefits, or services not covered, you will be responsible for payment in full.

PATIENTS WITH NO INFERTILITY BENEFITS

- ❖ Full payment for services rendered by Advanced Fertility Services, P.C. related to an In vitro fertilization (IVF) cycle is due upon start of medication.
- ❖ In a Donor Egg cycle, payment of \$ 12,500 related to donor, recipient, and/ or recipient partner services will be due upon selection of a donor. The balance of \$12,500. is due upon the donor's start of medication.
- ❖ Any Micromanipulation charges such as ICSI, Embryo Co-Culture, Assisted Hatching, Blastocyst and/ or Cryopreservation of embryo(s) or sperm are additional charges to the above fee if required, **full payment is due upon notification.** (Only in IVF cycles. This does not apply to Donor Egg cycles).
- ❖ The above charges exclude medications (except for the donor's medications in a Donor Egg cycle).
- ❖ In the event your cycle is canceled for medical or other reasons, you will be charged based on actual services rendered. The remaining credit amount will be issued to you via check or can be left on account to be applied towards future services.
- ❖ All accounts must be reconciled prior to any subsequent cycles.

PATIENT SIGNATURE _____

DATE _____

I have received the Financial Policy for In Vitro Fertilization and I understand that I am responsible for payment of all fees associated with services rendered by ADVANCED FERTILITY SERVICES, P.C. (AFS).

AFS BILLING SIGNATURE _____

DATE _____