

Reproductive Care Center

Informed Consent for Frozen Embryo Transfer

The number of embryos to be thawed and transferred should be agreed upon by the couple and their physician. Based on our experience at the Reproductive Care Center and the guidelines set forth by the American Society for Reproductive Medicine (ASRM), the number chosen should optimize the chance for achieving a pregnancy while minimizing the likelihood of higher order multiple pregnancy. Multiple gestations (particularly triplet and higher order multiple pregnancy) are an undesirable consequence of assisted reproductive technologies. Multiple gestations lead to an increased risk of significant complications in both the fetuses and the mother. Patients should also be aware that even though the likelihood is low (<2%) it is possible for an embryo to split into “identical twins”. Thus even with the transfer of 1 embryo, twins could develop. Although multifetal pregnancy reduction can be performed to reduce fetal number, the procedure does not completely eliminate the risks associated with multiple pregnancies. We do not perform this procedure but can refer patients if needed. Fetal reduction may result in the loss of all fetuses (usually <5% risk) and even successful reductions may have adverse psychological consequences. If multifetal pregnancy reduction is not an acceptable option, we usually recommend that you not transfer more than two embryos.

Embryos are usually frozen 2 to 6 days after egg retrieval. When cleavage stage embryos are frozen, the number of cells that the embryo has is usually recorded. Embryos with the best chance for implantation have at least half of the cells survive the freeze/thaw process. If less than half the cells survive the freeze/thaw process, the likelihood of pregnancy from the embryo is very low (<1%) and it is usually discarded. Usually, greater than 50% of the embryos survive the freeze/thaw process intact. The following guidelines apply to intact embryos ($\geq 50\%$ of the cells survive). Embryos that have been frozen and thawed usually have approximately a 50% lower implantation rate than fresh embryos. Once embryos have been thawed they usually are not refrozen. Since frozen embryos are often stored in groups, it may not be possible to thaw the exact number requested for transfer. If too many embryos (frozen on day 2 or 3 after embryo transfer) survive intact after the thaw, consideration should be given to attempting to grow the embryos to the blastocyst stage (usually takes 2-3 days) in culture and then transfer the 2 best embryos available. If a couple has a number of fair or poor quality cleavage stage embryos frozen, they should also consider thawing all the cleavage stage embryos and then attempt to grow the embryos to the blastocyst stage (usually for 2-3 days) in culture and then transfer the best 1-2 blastocysts available. It should be noted that some studies of blastocyst transfer suggest there is an increased risk of identical twinning, including situations where the fetuses are in the same fluid filled sac. When the fetuses are in the same sac (monochorionic and monoamniotic) there is an increased risk for miscarriage and late in pregnancy complications such as twin-twin transfusion can occur. Fortunately, this occurs in less than 5% of the cases.

Although the ASRM has not published specific guidelines for the number of frozen embryos to transfer, the following guidelines were recommended by ASRM in 2006 for fresh embryo transfer and we consider them to also be good guidelines for frozen embryo transfer.

1. In patients under the age of 35, no more than two embryos should be transferred in the absence of extraordinary circumstances. For patients with a favorable prognosis, consideration should be given to transferring only a single embryo. The patients having the most favorable prognosis include those who are undergoing their first cycle of IVF, have good quality embryos as judged by morphologic criteria (appearance), and have embryos of sufficient quality and quantity to

warrant cryopreservation (freezing). The patients who have had previous success with IVF should also be considered the most favorable prognostic category.

2. For patients between 35 and 37 years of age having a favorable prognosis, no more than two embryos should be transferred. All others in this age group should have no more than three embryos transferred. After extended culture no more than 2 blastocysts should be transferred.
3. For patients between 38 and 40 years of age with a favorable prognosis, no more than 2 blastocysts or 3 cleavage stage embryos should be transferred. For patients in this age group having a less favorable prognosis, no more than three blastocysts or 4 cleavage stage embryos should be transferred.
4. For most patients greater than 40 years of age, no more than three blastocysts or five cleavage stage embryos should be transferred.
5. For the patients with two or more previously failed IVF cycles and those having a less favorable prognosis, additional embryos may be transferred according to individual circumstances after appropriate consultation.
6. In donor egg cycles, the age of the donor should be used to determine the appropriate number of embryos to transfer.

We understand that we fit into category # _____ listed above. Special considerations for our case, if any, include (none) _____

Option #1 - We have selected the following number of cleavage stage embryos to transfer on this cycle (mark one):

- _____ One intact cleavage stage embryo.
- _____ Two intact cleavage stage embryos.
- _____ Three intact cleavage stage embryos.
- _____ Three intact cleavage stage embryos if only 2 were of good quality when frozen.

The following 5 options are not usually recommended:

- _____ Four intact cleavage stage embryos.
- _____ Four intact cleavage stage embryos if only 2 were of good quality when frozen.
- _____ Five intact cleavage stage embryos.
- _____ Five intact cleavage stage embryos if only 2 were of good quality when frozen.
- _____ All surviving cleavage stage embryos.

In addition to the above, for partially surviving cleavage stage embryos (<50% of cells survive) we request:

- _____ Transfer of up to 2 partial embryos.
- _____ Transfer all available partial embryos.
- _____ Discard since the likelihood of pregnancy is very low.

or

Option #2 - We desire to have some or all of our remaining cleavage stage embryos be thawed and then have the lab attempt to grow the embryos to the blastocyst stage (usually for 2-3 days) in culture. We understand that an embryo transfer on the day of the thaw may be recommended if the number of embryos that survive intact is the same as or less than the number we desire to transfer..

We desire to have the following number of embryos thawed for this cycle (mark one):

- # of cleavage stage embryo(s).
- # of intact cleavage stage embryo(s) desired for further culture. Embryo(s) will be thawed until the desired number of intact (>50% of the cells surviving) has been achieved or all embryos have been thawed, whichever comes first.
- All remaining embryos.

We then plan to transfer the following number of blastocysts:

- One blastocyst.
- Two blastocysts.
- Three blastocysts (**not recommended**).

Yes No We understand that refreezing embryos is not usually recommended due to the decreased survival and subsequent pregnancy rates. However, if more good quality blastocysts develop than we desire to transfer, we request that the extra blastocysts be refrozen. We understand that refreezing the embryos will incur additional costs.

or (for patients with frozen blastocysts)

Option #3 - We have selected the following number of blastocysts to transfer on this cycle (mark one):

- One surviving blastocyst.
- Two surviving blastocysts.
- Three surviving blastocysts. (**not recommended**)

We understand that transferring multiple embryos entails the risk of multiple pregnancies, which have much higher risks than single pregnancies. We have had an opportunity to discuss these risks with an RCC physician and accept the risks involved with this decision. We understand that transferring more than two embryos requires physician discussion.

Wife's Signature

Date

Husband's Signature

Date

Physician's Signature

Date

To be completed on the day of embryo transfer:

Based on updated information provided after the thaw on the day of embryo transfer, we desire to change the number of embryos transferred on this cycle to: _____.

We desire that extra embryos of adequate quality (#____) be cryopreserved (refrozen) again today (circle): Yes No

We desire that assisted hatching be performed today (additional cost): Yes No

We desire that extra embryos undergo extended culture (at additional cost) and if at least _____ blastocyst(s) of adequate quality develop we desire that they be cryopreserved again (circle): Yes No

We desire that the embryos be refrozen (circle): In groups (with no more than #____ in a group) Individually

We request that RCC dispose of developmentally arrested, abnormal or undesired embryos. Photographs may be made of any discarded tissues or fluids and may be used anonymously for presentation or publications. We also consent to allow RCC to use any developmentally arrested, abnormal or undesired embryos that would otherwise be discarded, for medical research, quality control, training or teaching purposes.

Wife's Signature

Date

Husband's Signature

Date

Physician's Signature

Date:

Reproductive Care Center

Informed Consent for Assisted Hatching (AH)

Hatching of the embryo at the blastocyst stage is a critical step in the sequence of physiological events culminating in the implantation of the embryo. Failure to hatch may be one of the many factors limiting human reproductive efficiency.

Assisted hatching involves the artificial thinning or opening of the zona pellucida or shell of the embryo. It has been proposed as one technique to improve implantation and pregnancy rates following in vitro fertilization. An increased implantation rate following mechanical opening of the zona pellucida or shell was first reported in 1990. Since these early reports many assisted reproductive technology programs have incorporated the use of assisted hatching in selective instances in efforts to improve clinical outcomes.

The assisted hatching procedure is generally performed on the day of embryo transfer. The procedure includes the creation of an opening in the zona or shell of the embryo using either mechanical techniques, acidified solutions or more recently the use of a laser.

The assisted hatching procedure may rarely be associated with complications independent of the IVF procedure including damage to the embryo and damage to individual blastomeres or cells with subsequent reduction of embryo viability. In addition, assisted hatching has been associated with a slightly increased risk of monozygotic twinning.

The success rates following the use of assisted hatching in different IVF programs have varied considerably. Differences in patient populations, operative experience, hatching techniques, and study design have made it difficult to compare reports directly from the different centers. A comprehensive review and meta-analysis of the available randomized controlled trials have demonstrated a possible improvement in clinical pregnancy rates following assisted hatching in patients with prior failed IVF cycles, in older women, when only fair or poor quality embryos are available for transfer or after embryo cryopreservation. However, overall live birth rates in the groups are not significantly different. The number of live births reported in studies this far did not allow a confident conclusion regarding the clinical efficacy of the assisted hatching procedures. Results have also been inconclusive regarding the best method for assisted hatching however most embryologists now believe that the use of the laser is the safest and probably best method.

The available published evidence does not support the routine universal application with assisted hatching in all IVF cycles. **Assisted hatching may be clinically useful and is recommended at RCC in patients with a poor prognosis, including those with at least two prior failed IVF cycles, fair or poor embryo quality, embryos with a thick zona pellucida (shell), embryos formed from frozen eggs, women at least 38 years of age, and after embryo cryopreservation.**

We understand that assisted hatching involves an extra procedure fee above normal IVF or the frozen embryo transfer fee. We the undersigned, husband and wife, have requested that assisted hatching be performed on;

- All of our embryos just prior to embryo transfer (fresh transfer) or on the day the embryos are thawed if extended culture is planned.
- Approximately 50% of our embryos prior to embryo transfer or on the day the embryos are thawed if extended culture is planned.
- Embryos that have a ‘thick zona pellucida (shell)’ on the day of embryo transfer or the day they are thawed.
- None of our embryos (we do not want assisted hatching)

We have read and understand the above and all of our questions about assisted hatching have been answered.

We acknowledge that neither the Reproductive Care Center nor the physicians or staff have made any warranties with respect to the assisted hatching procedure or the outcome of any pregnancy as the result of this treatment.

Wife's Signature

Wife's Name Printed

Date/Time

Husband's Signature

Husband's Name Printed

Date/Time

Reproductive Care Center

EMBRYO TRANSFER, STORAGE and FROZEN EMBRYO TRANSFER (FET) 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. If not done previously the Pre-IVF workup (ART checklist) may need 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.

Patients may have embryos frozen at outside facilities shipped to the Reproductive Care Center (RCC) at their expense. There will be a \$51 handling fee for receipt of the embryos and a yearly storage fee of \$430 (due in advance 1 January of each year). The storage fee is prorated based on the months the embryos are held in storage if the embryos are used during the year. If the patient desires to borrow an embryo transfer storage tank from the RCC, a credit card account will be needed to serve as a deposit for the tank. If the tank is not returned in good condition, a charge of \$1,000 will be assessed. There is no charge for use of the tank for 1 day. A charge of \$50 will be assessed for any additional days the tank is used.

PRE FET TESTS

Wife (or gestational surrogate)

CBC/HCT

HIV-1&2 Ab

RPR

Hepatitis BsAg

Hepatitis C Ab

Rubella immunity screen

Gonorrhea by PCR

Chlamydia by PCR

Varicella immunity screen

CMV IgG (if gestational surrogate)

Hysterosonogram (3D saline sonogram) – usually recommend this be completed at RCC

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-FET visit will be determined by the amount of time spent with your physician developing a treatment plan.

The package price for the Pre FET tests is \$1,065 and is due prior to testing.

If patients desire 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 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).

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

FET COSTS

Patients may also choose either the single cycle “**Global Single Cycle FET Fee**” option or the “**Insurance**” option for each FET 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 \$500 as a down-payment. The amount due upfront for other insurance plans is a minimum of \$1,000, 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 because BCBS pays the patient directly.

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 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 a frozen embryo transfer 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 FET Fees	\$3,424	Cost of usual & customary IVF Fees	\$3,424	Cost of usual & customary IVF Fees	\$3,424
Your Safeguard payment	\$1,712	Your Safeguard payment	\$1,712	Your Safeguard payment	\$1,712
Insurer pays	\$2,424	Insurer pays	\$1,000	Insurer pays	\$0
Refund to patient	\$1,000	Refund to patient	\$0	Refund to patient	\$0
Net cost to patient	\$712	Net cost to patient	\$1,712	Net cost to patient	\$1,712

If we collect nothing from your insurer, you are still 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 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 FET Fee” option is \$2,935 and is required to be paid before 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.

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.

Frozen embryo transfer cycle (FET)

If the patient has frozen embryos then we recommend a controlled endometrial development (CED) Frozen Embryo Transfer Cycle (FET). The medications for a CED FET cycle generally cost approximately \$450. The Global Single CED FET cycle fee is \$2935. 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, when the embryos have been cryopreserved, 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	

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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 _____