

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	