

# Reproductive Care Center

## IVF PAYMENT AGREEMENT

We have chosen to start an IVF cycle in \_\_\_\_\_ of 2009 or to begin our IVF Money Back Guarantee Package Plan or our IVF Discounted Multiple Cycle Program with our first cycle beginning \_\_\_\_\_ 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.** We have selected and qualify to participate in the IVF Money Back Guarantee Package Plan. Exclusions such as medication and anesthesia charges have been explained to us. We understand that the minimum price will be \$21,705 (base price) **plus any premiums that are determined to apply.** We understand that if we have not been honest in fully disclosing any known risk factors, that our contract can be cancelled with no refund. Income based discounts are not available for this treatment protocol.
- (2) **An IVF Discounted Multiple Cycle Program.** We have selected and qualify to participate in the IVF Discounted Multiple Cycle Program. The program includes up to 2, 3 or 4 fresh IVF cycles (whichever option is chosen) with the associated frozen embryo transfer cycles (potential savings of >\$25,000). The cost is \$15,285 for two, \$18,342 for three and \$20,380 for up to four fresh cycles. The contract is fulfilled with the delivery of a live baby or the completion of the purchased treatment cycles. No refund is available if a delivery does not occur. There are no additional premiums but it requires the medical approval of the primary physician. There are exclusions for medication and anesthesia charges. Associated procedures such as intracytoplasmic sperm injection (ICSI), testicular aspiration (needle) of sperm (TESE), preimplantation genetic diagnosis (PGD) or screening (PGS) and the use of a gestational surrogate are not included but can be purchased on a per cycle basis as needed. Please request a detailed handout about this program if interested. In some circumstances, additional pre-IVF testing may be required to determine eligibility. Income based discounts are not available for this treatment protocol.
- (3) **Global Single Fresh IVF Cycle Fee** package of \$8,662 (exclusions such as medication and anesthesia charges have been explained to us). This is a pre-paid cash discount package for a single treatment cycle. There will be additional charges for additional specialized items such as intracytoplasmic sperm injection, extended culture, and cryopreservation. Charges will not be itemized or billed to insurance. The entire payment is due prior to starting medications such as Lupron or FSH in order to qualify for the pre-paid discount. Income based discounts are available for this treatment protocol.
- (4) **Global Low Stimulation Single Fresh IVF Cycle Fee** package of \$5,197 (exclusions such as medication and anesthesia charges have been explained to us). This is a pre-paid cash discount package for a single low stimulation treatment cycle. There will be additional charges for additional specialized items such as intracytoplasmic sperm injection (ICSI) and extended culture. Some procedures such as cryopreservation and gestational surrogacy will not be available with this low cost package. Charges will not be itemized or billed to insurance. The entire payment is due prior to starting medications such as Femara or FSH in order to qualify for the pre-paid discount. Pregnancy rates are expected to be 20-40% lower than with the regular cumulative IVF cycle treatment rates. Income based discounts are not available for this treatment protocol.
- (5) **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. Anesthesia does not contract with any insurance carriers. The anesthesia fees will be billed through their separate billing company. The itemized anesthetist fees are approximately \$600. Depending on our insurance coverage and required co-pay, it may be less expensive to pay the prepaid cash price of \$275.

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- (6) **Insurance billing (RCC 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 \$8,662 or we may want to consider the Safeguard Payment Plan. We will be responsible for any amount that the insurance company does not pay unless we choose the Safeguard Payment Plan.
- (7) **Safeguard Payment Plan** of \$6,500. 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 IVF 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 choose the Global Single Fresh IVF Cycle Fee, Global Low Stimulation Single Fresh IVF Cycle Fee, IVF Money Back Guarantee Package Plan or the IVF Discounted Multiple Cycle Program option that RCC will not help us bill our insurance company. We understand the pre-paid cycle plans are available because significant administrative costs are saved when charges are not itemized and insurance billed. We accept responsibility for payment of services that are excluded from the Global Single Fresh IVF Cycle Fee, Global Low Stimulation Single Fresh IVF Cycle Fee, IVF Money Back Guarantee Package Plan and the IVF Discounted Multiple Cycle Program 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 such as Lupron or FSH. 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 medications. 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 Fresh IVF Cycle Fee option nor the Global Low Stimulation Single Fresh IVF Cycle Fee if the insurance company pays less than anticipated.

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We agree to the guidelines stated above and we have selected:

Paid at Signing

- |   |                 |
|---|-----------------|
| 1. <input type="checkbox"/> IVF Money Back Guarantee Package Plan with premiums:  | \$ _____        |
| 2. IVF Discount Multiple Cycle Fresh IVF Fee  |                 |
| a. <input type="checkbox"/> Two fresh cycle package - \$15,285  | \$ _____        |
| b. <input type="checkbox"/> Three fresh cycle package - \$18,342  | \$ _____        |
| c. <input type="checkbox"/> Four fresh cycle package - \$20,380   | \$ _____        |
| #1 and #2 above include embryo cryopreservation (groups), storage and all associated frozen embryo transfers as outlined in the contract. |                 |
| 3. <input type="checkbox"/> Global Single Cycle Fresh IVF Fee (basic) - \$8,662   | \$ _____        |
| 4. <input type="checkbox"/> Global Low Stimulation Single Cycle Fresh IVF Fee (basic) - \$5,197   | \$ _____        |
| 5. Insurance Company _____  |                 |
| a. <input type="checkbox"/> Contracted carrier estimated basic co-payment   | \$ _____        |
| b. <b><u>Non-contracted</u></b> carrier with confirmed IVF infertility benefit  |                 |
| i. <input type="checkbox"/> Downpayment (basic) for non-contracted carrier  | \$ _____        |
| ii. <input type="checkbox"/> SafeGuard Payment Plan (basic) for a non-contracted carrier as per section 5 above                           | \$ _____        |
| c. Anesthetist fee with insurance (choose one)  |                 |
| <input type="checkbox"/> Anesthetist fee (separate check to Wayne Riding) - \$275   | \$ _____        |
| <input type="checkbox"/> Anesthetist fee (please have them bill insurance)  | \$ _____        |
| 6. Common additional applicable fees or co-payments needed:   |                 |
| a. <input type="checkbox"/> Anesthetist fee (separate check to Wayne Riding) - \$275  | \$ _____        |
| b. <input type="checkbox"/> Personal IVF training (if unable to attend group class) - \$153   | \$ _____        |
| c. <input type="checkbox"/> Intracytoplasmic sperm injection (ICSI) - \$1,200   | \$ _____        |
| d. <input type="checkbox"/> Testicular aspiration (TESE) (needle) - \$1,131*  | \$ _____        |
| e. <input type="checkbox"/> TESE (open biopsy) - \$1,630*   | \$ _____        |
| f. <input type="checkbox"/> Preimplantation Genetic Diagnosis (PGD) – variable*   | \$ _____        |
| g. <input type="checkbox"/> Embryo biopsy and shipping charges for PGD - \$2,000*   | \$ _____        |
| h. <input type="checkbox"/> Extended embryo culture - \$204   | \$ _____        |
| i. <input type="checkbox"/> Assisted Hatching - \$300   | \$ _____        |
| j. <input type="checkbox"/> Sperm cryopreservation for backup - \$336   | \$ _____        |
| k. <input type="checkbox"/> Embryo cryopreservation (groups) - \$650*   | \$ _____        |
| l. <input type="checkbox"/> Embryo cryopreservation (single embryo) - \$840*  | \$ _____        |
| m. <input type="checkbox"/> Embryo storage (1 year) - \$430*  | \$ _____        |
| n. <input type="checkbox"/> Gestational Surrogate* -  | \$ _____        |
| o. <input type="checkbox"/> OHSS treatment coverage after regular IVF- \$290 -  | \$ _____        |
| p. <input type="checkbox"/> OHSS treatment coverage after Low Stim IVF- \$145 -   | \$ _____        |
| q. <input type="checkbox"/> Complications of IVF Insurance - \$525  | \$ _____        |
| r. <input type="checkbox"/> Other _____   | \$ _____        |
| s. <b>Total</b>   | <b>\$ _____</b> |

\*Not available in the “Global Low Stimulation Single Cycle Fresh IVF Fee”

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We have had the risks of IVF and specifically of ovarian hyperstimulation (OHSS) explained to us. We are aware that patients with Polycystic ovarian syndrome (usually have irregular cycles and/or a large number of antral follicles (>20) at baseline) are at increased risk for OHSS. It has been our experience that if a patient's insurance company does not cover IVF it will usually not cover complications of IVF. Thus, RCC recommends that patients who do not have insurance coverage for IVF consider purchase of insurance for complications of IVF. Payment must be received prior to starting stimulation medications.

- We decline additional pre-paid or insurance coverage.
- We desire treatment coverage (\$290/treatment cycle [\$150/treatment cycle for the low stimulation protocol]) for OHSS treatment provided by RCC at the RCC (office evaluations, ultrasound, and culdocentesis as needed). This is needed in 1-3% of all IVF patients and up to 20% of patients at high risk.. This option does not include any coverage for treatment not provided at the RCC such as hospitalization or emergency room care. Anesthetist fees and laboratory tests are an additional charge.
- We accept supplemental insurance coverage for complications of IVF through the Brown & Brown Co. and will pay \$525/treatment cycle. We understand that our primary insurance company will be billed first. This includes coverage for hospitalization (occurs in less than 1% of all IVF patients). Payment must be received and submitted to Brown & Brown Co prior to starting medications for the treatment cycle.

Options available with the IVF Money Back Guarantee Package Plan. This fee will be refunded if pregnancy and delivery does not occur as per the contract.

- We accept the pre-paid coverage option (\$744/treatment cycle) for OHSS treatment provided by RCC at the RCC (office evaluations, ultrasound, and culdocentesis as needed). This is needed in 1-3% of all IVF patients and up to 20% of patients at high risk... This option does not include any coverage for treatment not provided at the RCC such as hospitalization or emergency room care. Anesthetist fees and laboratory tests are an additional charge. This fee will be refunded if pregnancy and delivery does not occur as per the contract.
- We accept insurance coverage for complications of IVF through the Brown & Brown Co. (\$1,389) as an additional fee to the IVF Money Back Guarantee Package Plan. This includes coverage for hospitalization (occurs in less than 1% of all IVF patients). This fee will be refunded if pregnancy and delivery does not occur as per the contract. Payment must be received and submitted to Brown & Brown Co prior to starting medications for the first treatment cycle.

We have received and reviewed a current copy of the Reproductive Care Center, PC (RCC) "IVF and Frozen Embryo Transfer Financial Policies" and/ or "Low Stimulation IVF Financial Policy" and all of our questions have been answered.

Wife \_\_\_\_\_

Date \_\_\_\_\_

Husband \_\_\_\_\_

Date \_\_\_\_\_

Administrative \_\_\_\_\_

Date \_\_\_\_\_