

**Colorado Center for Reproductive Medicine (CCRM)
2016 DONOR IVF FINANCIAL AGREEMENT**

Patient's Name _____ DOB _____ SS# _____
Spouse/Partner's Name _____

We are requesting to have a Donor IVF procedure performed at the Colorado Center for Reproductive Medicine (CCRM). We understand the following payment policies are in effect at the Center. **(Financial Agreement and deposit must be received together). Faxed copies will be accepted if using a credit card for the deposit.** Fax copies to 303-781-8158.

In order to be placed on the Donor IVF procedure waiting list, we must make a \$2500 deposit. This deposit goes toward our total cycle fee. If we do not proceed, the \$2500 will be applied to any outstanding charges and the remaining balance refunded. There is a minimum \$200 patient coordination fee assessed for canceling the cycle prior to beginning medications. See the canceled cycle fee breakdown for charges assessed for a canceled cycle once medications have begun.

One of the following will apply to you:

- 1) If you are using a CCRM donor, all fees for the Donor IVF procedure must be paid in full before beginning any medications for the Donor IVF cycle. This is usually 28 days before the actual egg retrieval procedure is done.
- 2) If you are using an agency donor or known donor, your payment will be made in two parts: The first \$6,455 will need to be paid before your donor starts any screening procedures. The first \$6,455 is divided into two payments: \$2,470 is payable to CCRM and \$3,985 is payable to Fertility Laboratories of Colorado (FLC). Again, this original \$6,455 is applied to services provided on your donor before any medications are started. The remaining amount must be paid in full before beginning any medications for the Donor IVF cycle.

There will be no reduction in the package pricing for any services provided outside our Center. **The cycle will be canceled if the entire payment is not made as outlined above:**

The Donor IVF cycle fees are as follows:

Total Donor IVF Package (includes anesthesia):	\$34,300 (first-time donors) - \$34,800 (repeat donor) \$26,775 (known donor/agency donor cycle)
Package starts from start of cycle meds and ends at first pregnancy test	
Paid to CCRM	\$22,255 (first-time donors) - \$22,755 (repeat donor) \$14,730 (known donor/agency donor cycle)
Paid to Fertility Laboratories of Colorado	\$12,045 (includes embryo freezing)
Medications (paid directly to pharmacy- not part of package):	\$ 4,500 to \$7,500 (approximate)
Total Estimated Cost of Donor IVF Cycle:	\$38,800 to \$42,300
Additional Services <u>not included</u> in package price are:	
Recipient's work-up prior to donor cycle	\$ 4,900 approximately
ICSI	\$ 2,780
IMSI (used with ICSI)	\$ 515
PICSI (used with ICSI)	\$ 515
Back-Up Sperm Freeze	\$ 115
CCS (first 10 embryos)	\$ 7,075
Testing on embryos over 10	\$ 500 per embryo
MESA/Testes /PESA/Microdissection	Varies
Pregnancy: First 8 weeks-2 nd positive pregnancy test to transfer of care -	Varies
If your cycle results in a freeze-all, you will owe additional fees at time of the embryo transfer	
Agency and known donor profile reviews – 1 st review included in package. Additional reviews \$100 each	

FLC only participates with select United Health Care insurance policies. Our surgery center is not an in-network provider. In order for us to bill the insurance directly for CCRM charges which are in-network, written verification from your insurance is required. FLC requires patients with other insurances to pre-pay prior to starting medications. Upon request, our business office staff will provide you with the necessary pre-determination letter to send to your insurance company. If you have coverage that is in-network with CCRM, you must meet with a Business Office representative for more information on what fees must be pre-paid. If you do have Donor IVF coverage and we **do not** participate with your insurance, you will need to **prepay the entire cycle**. Please request the claim forms from the business office two weeks after your embryo transfer for you to submit to your insurance carrier.

The Business Office staff is available at 303-781-1085 to answer any questions. We have reviewed and approved the above treatment estimate, payment agreement, and terms and conditions. We understand that we are fully responsible for making the payments as outlined. **We understand that these prices are subject to change without notice.**

Patient's Signature _____ Partner's Signature _____ Date _____
Credit card #: VISA _____ M/C _____ DISCOVER _____ exp. date _____
or check # _____ 3 digit security code _____

For Business Office Use Only: Account number _____
\$2,500 refundable deposit received _____ via _____ Business Office Staff Signature _____
(white copy to business office, yellow copy to patient)