THE IVF CENTER
Dr. Mark Trolice, MD, FACOG, FACS • Dr. Laurel Stadtmauer, MD, PhD
Board Certified in Reproductive Endocrinology and Infertility

EMBRYO CRYOPRESERVATION / FREEZE-ALL CYCLE

Patient:	_____	**Cycle Type:**	_____
Partner:	_____	**Date:**	_____

PACKAGE SERVICES

IVF CENTER - CLINIC / PHYSICIAN	IVF LABORATORY
• Monitoring ultrasounds • Transvaginal oocyte (egg) retrieval • Ultrasound guidance for egg retrieval	• Embryology - fertilization and embryo culture • Cryopreservation/freezing of embryos • Endocrinology laboratory services • OR / Facility fee • First year of embryo storage included
CLINIC / PHYSICIAN FEE: $5,000	**LABORATORY FEE: $5,000**

EMBRYO CRYOPRESERVATION PACKAGE TOTAL: $10,000

PAYMENT TERMS: Cycle fees are due at the start of birth control pills / cycle start. A 3% transaction fee applies to credit-card payments. To avoid this fee, pay by debit card or cash.

ADDITIONAL SERVICES / COSTS NOT INCLUDED IN PACKAGE FEES

Pre-Cycle Testing	HSG/SIS is $700 and may be billable to insurance.
Genetic Testing (PGT)	If performed: IVF laboratory biopsy fee is $2,000 for the first 8 embryos biopsied, plus $250 for each additional embryo over 8. Genetic testing and shipping are billed separately by the testing laboratory (Progenesis/Igenomix), approximately $200 per embryo plus shipping.
Anesthesia	$650, paid separately to the anesthesia provider by or before retrieval (check or money order).
Medications	IVF medications are not included and vary by individualized treatment plan (generally $3,000-$5,000).
Cryopreservation & Storage	The first year of embryo storage is included. Storage is $800 per year thereafter, payable through Embryo Options.

THIS PACKAGE COVERS EMBRYO CREATION AND CRYOPRESERVATION ONLY. Embryo transfer is not included and will be covered under a separate frozen embryo transfer financial agreement.

Patient Name: _____ Signature: _____ Date: _____

Financial Counselor Name: _____ Signature: _____ Date: _____