



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

FROZEN EMBRYO TRANSFER CYCLE

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

PACKAGE SERVICES

IVF CENTER - CLINIC / PHYSICIAN	IVF LABORATORY
• Monitoring ultrasounds (up to 4) • Embryo transfer (1) • Ultrasound guidance for embryo transfer • Cycle coordination	• Thawing and preparation of embryo(s) for transfer • Endocrinology laboratory services • OR / Facility fee
CLINIC / PHYSICIAN FEE: \$3,350	LABORATORY FEE: \$2,500

FROZEN EMBRYO TRANSFER PACKAGE TOTAL: \$5,850

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	SIS (uterine cavity evaluation) is \$700. Trial transfer is \$350 and is not billable to insurance.
Additional Monitoring	This cycle includes up to 4 ultrasounds. Additional ultrasounds are \$250 each.
Medications	FET medications are not included and vary by individualized treatment plan (generally \$1,500-\$3,000).
Anesthesia	Anesthesia is not typically required for transfer. If required, the current outside anesthesia fee is \$650.
Obstetrical Services	Pregnancy testing and obstetrical ultrasounds are not included in this package.
Cancellation Policy	If the cycle is cancelled, a \$500 cycle coordination fee, \$250 per ultrasound performed, and applicable laboratory charges may apply.

THIS PACKAGE COVERS ONE FROZEN EMBRYO TRANSFER CYCLE ONLY. Subsequent frozen embryo transfer cycles are not included.

Patient Name: _____

Signature: _____

Date: _____

Financial Counselor Name: _____

Signature: _____

Date: _____