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

GESTATIONAL CARRIER / RECIPIENT FROZEN EMBRYO TRANSFER CYCLE

Intended Parent(s):	_____	**Gestational Carrier:**	_____
Agency:	☐ Yes ☐ No	**Agency Name:**	_____

PACKAGE SERVICES

IVF CENTER - CLINIC / PHYSICIAN	IVF LABORATORY
• Baseline / monitoring ultrasounds (up to 4) • Cycle coordination • Frozen embryo transfer • Ultrasound guidance for embryo transfer	• Thaw / preparation of embryo(s) for transfer • Endocrinology laboratory services • OR / Facility fee
CLINIC / PHYSICIAN FEE: $3,350	**LABORATORY FEE: $2,500**

GESTATIONAL CARRIER ADMINISTRATIVE / COORDINATION FEE

With Agency	Without Agency	Selected Fee
$1,500	**$3,000**	☐ **$1,500** ☐ **$3,000**

GC / RECIPIENT CYCLE TOTAL: With Agency $7,350 | Without Agency $8,850

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

Initial / Pre-Cycle Evaluation	Initial/new-patient gestational-carrier evaluation, when applicable, is not included. SIS (uterine cavity evaluation) is $700 and may be billable to insurance when applicable. Trial transfer, if required, is $350 and is not billable to insurance.
Additional Monitoring	This cycle includes up to 4 monitoring ultrasounds. Additional ultrasounds are $250 each.
Medications	Gestational-carrier FET medications are not included and vary according to the individualized treatment plan (typically $1,500-$3,000).
Psychological / legal services	Required psychological evaluation(s), including joint evaluation with intended parent(s) when applicable, and legal/contracting services are obtained and paid separately to the outside provider.
Cancellation Policy	If the cycle is cancelled after treatment begins, a $500 cycle coordination fee will be assessed, plus $250 for each ultrasound performed and charges for any applicable laboratory work.
Carrier Screening / Clearance	Required infectious-disease testing, blood work, and other gestational-carrier screening or clearance not included in the package will be billed separately as applicable. FDA donor/source testing is not a routine gestational-carrier charge and, when applicable, is addressed on the intended-parent / gamete-source financial form.

THIS FORM COVERS THE GESTATIONAL-CARRIER / RECIPIENT FROZEN EMBRYO TRANSFER PORTION ONLY. Egg-donor retrieval, embryo creation, PGT, sperm-source testing/freezing, and other intended-parent services are not included and will be covered under separate financial agreements, when applicable.

Intended Parent Name: Signature: Date:

Financial Counselor Name: Signature: Date: