



# Fee Schedule - Family Connections Program

Recipient Name:

Clinic:

## CYCLE FEES

<b>Reservation Fee</b>	<b>\$ 400</b>
• Reserves donor for two weeks	
<b>1st Installment</b>	<b>\$ 1,600</b>
• Due before donor is screened at clinic	
Travel Deposit (\$2,000)	\$
• Due with 1st installment payment if travel donor	
• Used towards donor travel costs for cycle and will be refunded/charged remaining balance post retrieval	
<b>2nd Installment</b>	
• Final balance, due after donor passes screening at clinic	
Agency fee	\$ 1,550
• Donor recruitment, pre-screening of donor, fertility test with AMh background check, transcript check, donor management, travel coordination, and donor gift post retrieval	
Donor Legal	\$ 400
Donor Cycle Insurance	\$ 360
• Unless purchased by the clinic	
Psychological Evaluation / Testing with PhD Level Psychologist	\$ 400
• Waived if performed by clinic or in-house clinic psychologist	
Donor Compensation	\$ 5,000
<b>Optional/Additional Cycle Fees:</b>	
Donor Travel bonus (\$500 in state/\$1000 out of state)	\$
Directed agreement between donor and Intended Parents (\$50)	\$ if desired
<b>2nd Installment Total</b>	<b>\$</b>
<b>TOTAL</b>	<b>\$</b>

Donor Number Selected \_\_\_\_\_ Donor Compensation \_\_\_\_\_ Initials \_\_\_\_\_

If the donor does not pass the Initial Screening (medical/genetic/psychological), I may roll over my deposit onto a new donor for no additional fees. If screening of the donor has been performed on the direction/orders of the clinic, I will be charged for that screening. Reservation fee and 1st installment are not refundable. A convenience fee of 3% is added to all transactions when utilizing credit cards.

\_\_\_\_\_  
Donor Recipient Signature Date

\_\_\_\_\_  
Donor Recipient Spouse/Partner Signature Date

\_\_\_\_\_  
The Donor Solution Representative Signature Date