



Fee Schedule

Patient Name: _____

Clinic: _____

BASIC CYCLE FEES:

Screening, Coordination and Donor Compensation

Psychological evaluation / testing with PhD level psychologist \$400**
(waived if performed by clinic or in-house clinic psychologist)

Agency fee (includes pre-screening of donor, fertility test with AMH \$3950
background check, transcript check, donor management, travel
arrangements, donor gift post retrieval)

Donor Legal \$ 350

Donor Cycle Insurance (unless purchased by the clinic) \$ 325

Donor compensation (*\$5500-\$9500) *\$5500-9500

SUB-TOTAL \$

OPTIONAL/ADDITIONAL CYCLE FEES:

Out of state coordination fee** \$300

Travel bonus (\$500 in state/\$1000 of state)** \$500/1000

Directed agreement between donor and Intended Parents *(if needed)* \$ If desired

TOTAL DUE:

\$\$\$optional/additional fees if needed

DEPOSIT to begin Donor Screening process (\$2,000)

Balance of Fee due 14 days before cycle medication start

Donor Number Selected _____ Donor Compensation _____ Initials _____

Amount Due prior to Testing begins: **\$2000** Balance due after testing completed _____

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. Deposits 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