



# Fee Schedule

## Family Connections Program

Patient Name: \_\_\_\_\_

Clinic: \_\_\_\_\_

<b><u>BASIC CYCLE FEES:</u></b>	
Screening, Coordination and Donor Compensation	
Agency fee (includes background check and cycle Management fee)	\$2500
Donor compensation	\$4,000
<b>SUB-TOTAL</b>	<b>\$6500</b>
<b><u>OPTIONAL/ADDITIONAL CYCLE FEES:</u></b>	
Psychological Evaluation	\$400
Donor Legal Agreement	\$350
Donor Cycle Insurance	\$245
<b>TOTAL DUE:</b>	<b>\$6500+</b> (optional/additional fees)
DEPOSIT to begin Donor Screening process	(\$2,000)
<i>Balance of Fee due 7 days before cycle</i>	<b>\$4500+</b> (optional/additional fees)

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

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

If the donor does not pass any part of the Initial Screening (medical/genetic/psychological), I will receive a refund of \$1,500 and a fee of \$500 will be retained by The Donor Solution with \$250 to the selected donor for time and travel and \$250 to The Donor Solution for coordination. Deposits are not refundable once donor has been matched. ***A convenience fee of 3% is added to all transactions when using utilizing credit cards.***

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

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

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

Date \_\_\_\_\_