Fee Schedule
Family Connections Program

Patient Name: Clinic:

BASIC CYCLE FEES:	
Screening, Coordination and Donor Compensation	
Agency fee (includes background check and cycle Management fee)	$2,750
Donor compensation	$4,500
SUB-TOTAL	$7,250
OPTIONAL/ADDITIONAL CYLE FEES:	
Psychological Evaluation	$400
Donor Legal Agreement	$350
Donor Cycle Insurance	$245
TOTAL DUE:	**$8,325+** (optional/additional fees)
DEPOSIT to begin Donor Screening process	*($2,000)*
Balance of Fee due 7 days before cycle	**$6,325+** (optional/addditional fees)

Donor Number Selected _____ Donor Compensation _____ Initials _____

Amount Due prior to Testing begins: **$2,000** 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