Fee Schedule
Family Solutions Program

Patient Name: Clinic:

BASIC CYCLE FEES:	
Screening, Coordination and Donor Compensation	
Psychological evaluation / testing with PhD level psychologist (*waived if performed by clinic or in-house clinic psychologist*)	Included
Agency fee (includes pre-screening of donor, fertility test with **AMH** background check, transcript check, donor management for every cycle within a 36 month window)	$7950
Donor Legal	Included
Donor Cycle Insurance (unless purchased by the clinic)	Included
Donor compensation (*$5000-$8000)	$5000*(per cycle)
SUB-TOTAL	$7950
OPTIONAL/ADDITIONAL CYLE FEES:	
Out of state coordination fee**	$350(per cycle)
Donor gift, post retrieval	Included
Directed agreement between donor and Intended Parents *(if needed)*	$ If desired
TOTAL DUE:	**$++optional fees if needed**
DEPOSIT to begin Donor Screening process	*($2,000)*
Balance of Fee due 7 days before cycle start	**$**

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.***

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Donor Recipient Signature Date Donor Recipient Spouse/Partner Signature Date

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The Donor Solution Representative Signature Date