

# Fee Schedule - Family Solutions Program

Recipient Name:

Clinic:

## CYCLE FEES

### 1st Installment

- Due before donor is screened at clinic

**\$ 2,000**

### 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

\$

### 2nd Installment

- 2nd installment balance, due after donor passes screening at clinic

#### Agency fee

- Donor recruitment, pre-screening of donor, fertility test with AMh background check, transcript check, donor management, travel coordination, escrow management fee, and donor gift post retrieval

\$ 3,250

#### Donor Legal

Directed agreement between donor and Intended Parents (\$50)

\$ 400

\$ if needed

#### Donor Cycle Insurance

- Unless purchased by the clinic

\$ 360

#### Psychological Evaluation / Testing with PhD Level Psychologist

- Waived if performed by clinic or in-house clinic psychologist

\$ 400

### 2nd Installment Paid Directly to Egg's Nest Escrow LLC

Donor Compensation

\$ 5,500-10,000

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

\$

### 2nd Installment Total

\$

## TOTAL

\$

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 under any circumstance. A 3% travel coordination fee will be added to the balance of all travel expenses. The first installment may be paid via credit card with a 3% fee. All other installments must be paid via wire or check. Payment to Egg's Nest Escrow LLC will be facilitated by FSI and FSI will cover the management fees.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date