

# Fee Schedule - Family Premiere Program

Exhibit A



Recipient Name:

Clinic:

Shared Donor Number Selected: ED

<b>CYCLE FEES:</b>	
Agency Fee Donor recruitment Pre-screening of donor with background check, transcript check, and profile information verification Donor cycle management with fertility clinic Travel coordination Escrow management for donor compensation Donor gift post retrieval Coordination of legal contracts Updates to all parties	\$10,000
Donor Psychological Evaluation/Testing with PhD Level Psychologist	Included
Donor Cycle Complication Insurance	
Donor Legal	Included
Additional Donor Legal (Directed Agreement between donor and IPs)	If needed
Donor Compensation (\$5,500-\$10,000, paid for each donor)	\$
Donor Travel Bonus (\$500 In-State/\$1,000 Out-of-State, if applicable)	\$
<b>TOTAL</b>	<b>\$</b>

Payment is in 3 installments:

1. \$2,500 due to reserve donor, and before donor is screened at clinic
2. \$7,500 due after medical screening, at least 7 days prior to stim start
3. Donor compensation & travel bonus (if applicable) are paid directly to an independent escrow company at least 7 days prior to stim start

Travel Deposit (\$2,000)

- Due before donor travels for the cycle (if donor is not local to recipient's fertility clinic)
- Used for donor travel expenses for cycle and remaining balance post-retrieval will be refunded/charged

If the donor does not pass 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. 1st installment is 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. All other installments must be paid via wire or check.

---

Donor Recipient Signature                      Donor Recipient Spouse/Partner Signature                      Date

---

The Donor Solution Representative Signature                      Date

5757 Woodway Dr., Suite 313  
Houston, TX 77057

CONFIDENTIAL INFORMATION

713-827-0301 (o)  
877-518-4803 (f)