Payment

In keeping with our desire to streamline and simplify IVF billing for you it is necessary to collect the full amount for in vitro fertilization before you start your IVF cycle. Your payment can be paid on the day that you receive your instructions and your Lupron prescription. You may pay over the phone or in person with any major credit card or check (personal or cashiers) payable to Utah Center for Reproductive Medicine (UCRM).

Your medications will be purchased separately.

For information regarding refunds due to a canceled cycle see the IVF Payment Agreement.

If you desire to submit charges to your insurance, upon completion of your IVF cycle call our billing team at University Medical Billing at (801) 213-3871 or e-mail 650KomasUMBFertility@hsc.utah.edu. They can provide you with an itemized list of all procedures performed.
IVF FEE SCHEDULE
EFFECTIVE JULY 01, 2013

IVF

$205    IVF Consultation
$8,900   IVF
$1,500-$5,500   IVF Medications

IVF/ICSI (INTRACYTOPLASMIC SPERM INJECTION)

$205    IVF Consultation
$10,150  IVF w/ICSI
$1,500-$5,500   IVF Medications

CRYOPRESERVATION **This is a separate cost, not included in the IVF cycle cost**

$1,000   Embryo Cryopreservation (Freezing fee only)
$435    Embryo storage/Year (No storage charge for 1st year of storage)

FROZEN EMBRYO TRANSFER (CRYO) CYCLE

$205    IVF Consultation
$2,720   IVF
$~400   IVF Medications

IVF/PGD (PREIMPLANTATION GENETIC DIAGNOSIS)

$205    IVF Consultation
$11,685  IVF w/ICSI and Embryo Biopsy†
$1,500-$5,500   IVF Medications

$150.00  Semen Analysis
$1,500-$5,500  Preliminary PGD and embryo testing through an outside lab.

†Fees exclude the PGD laboratory fees (subject to diagnosis) which are paid directly to the laboratory, the required psychological consultation, and the genetic consultations.

IVF/PGS (PREIMPLANTATION GENETIC SCREENING)

$205    IVF Consultation
$10,830  IVF w/ICSI **†
$1,500-$5,500   IVF Medications

$1,800-$3,500   PGS Testing (through outside laboratory).

**†This fee includes the IVF cycle, embryo biopsy, and embryo freezing costs. Separate costs would be incurred for the thaw and transfer (Cryo cycle)
†Fees exclude the PGS laboratory fees which are paid directly to the laboratory.

EGG DONOR AND SURROGACY PROGRAM

UCRM has an internationally renowned Egg Recipient Program (Known and Anonymous Egg Donors) and Surrogacy Program. For costs associated with using donor eggs or a surrogate please see our Egg Recipient/Surrogacy Fee Schedule.
FERTILITY PRESERVATION

UCRM has technology and expertise to assist patients diagnosed to offer options for preserving sperm, eggs, and embryos. UCRM partners also partners with Fertile Hope, a program dedicated to providing reproductive information and hope to cancer patients whose medical treatments may impact their fertility. Please ask us for more details.

OTHER FEES

$230 Ultrasound*
$497 Sonohystogram*
$206 Viability Ultrasound Scan*
$150 Semen Analysis
$460 Hamster Egg Penetration Test
$270 Cystic Fibrosis Screening
$270 Acupuncture Room Fee

* These procedures are not part of the IVF fees and are generally billable to insurance; however, if you prefer to pay at the time, we are able to offer these at a discounted rate to you.

DISCLAIMER

Although we make every effort to maintain the quoted fees, prices are subject to change without notice. All fees exclude preliminary IVF diagnostic and testing costs, including genetic counseling. The IVF global fee also does not include embryo cryopreservation. Medication costs are an estimate and will vary depending on the type and amount of medication prescribed to individual patients. Medication costs are paid by the patient directly to the pharmacy.

PRICE COMPARISON

When choosing an IVF center, considerations such as experience, reputation, success, and cost of treatment are important aspects in your decision making process. When comparing the costs of UCRM to other IVF clinics we feel it is important for you to have a full understanding of what you might experience. In order to help you understand what your total costs are, we recommend that you ask questions about what other charges you might incur, such as costs for: anesthesia, extended embryo culture, assisted hatching, individual medication teaching, and medication costs. Ask us how we can save you money on your prescription costs.

We believe that every patient deserves the best care at the best price. We are confident that you will find this combination at UCRM. Below is a chart that gives you an idea of the additional costs you might incur at other local IVF centers compared to UCRM. Keep in mind that this is not a comprehensive list of all charges involved at any one clinic.

<table>
<thead>
<tr>
<th></th>
<th>UCRM</th>
<th>Other Local IVF Centers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base IVF Cost</td>
<td>$8,900</td>
<td>$9,000</td>
</tr>
<tr>
<td>Anesthesia</td>
<td>Included</td>
<td>$275</td>
</tr>
<tr>
<td>Extended Embryo Culture</td>
<td>Included</td>
<td>Unknown</td>
</tr>
<tr>
<td>Assisted Hatching</td>
<td>Included</td>
<td>Unknown</td>
</tr>
<tr>
<td>Injection Teaching</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Processing Fees</td>
<td>None</td>
<td>$170</td>
</tr>
<tr>
<td>Total IVF Cost</td>
<td>$8,900</td>
<td>$9,500+</td>
</tr>
<tr>
<td>ICSI</td>
<td></td>
<td>$8,400+</td>
</tr>
<tr>
<td>Processing Fees</td>
<td>$1,250</td>
<td>$1,700</td>
</tr>
<tr>
<td>Total IVF w/ICSI</td>
<td>None</td>
<td>$1,700</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$10,150</td>
</tr>
</tbody>
</table>

*Costs are estimates as of April 2013, and are rounded to nearest whole zero.
IVF Global and non-Global services

Important notes regarding your IVF Payment:

• Payment for your IVF cycle is required in full before starting Lupron. We accept credit cards or check. We do not accept cash.

• UCRM is currently considered Out Of Network with most major insurance companies for IVF.
  o If you have insurance coverage the covers IVF and would like us to work with your insurance please let us know so we can make arrangements before hand, as many insurance companies require prior notification before beginning an IVF cycle.

• Reimbursement Claim (HCFA )forms may be submitted to your insurance company for reimbursement directly to you. You may request HCFA (CMS-1500) forms at the end of the IVF cycle by calling University Medical Billing for Fertility at 801. 213. 3871 or email them at 650KomasUMBFertility@hsc.utah.edu.

• If you have any concerns about whether your insurance covers IVF, please check with your insurance company.

• Your IVF payment includes all items detailed below under GLOBAL to your IVF payment.

GLOBAL to your IVF payment (These services are included in your payment)

Note: The monitoring, Egg Retrieval, Fertilization and Transfer Procedures (CPT billing code included) are considered global fees and are included in each IVF cycle.

Monitoring:
  Tranvaginal gynecologic ultrasounds (76830)
  Hormone blood draws (Estradiol- 82670; Progesterone-84144, Quantitative Pregnancy Serum-84702)

IF YOUR IVF CYCLE IS CANCELED BEFORE THE EGG RETRIEVAL THERE WILL BE A CANCELLATION FEE:

The cancellation fee for most cycles is $1000, though the fee will vary depending on the cycle type and program. Please see your payment agreement for the details of the cancellation fee. Refunds may be requested by contacting our billing office at 801-213-3871.

Egg Retrieval and Fertilization:
  Follicle Puncture (58970)
  Moderate sedation (99144)
  Interpretation and Guidance (76948)
  Oocyte identification (89254)
  In vitro fertilization (89250)
  Prep of embryo for transfer (89255)

IF YOUR IVF CYCLE IS CANCELED BEFORE THE EMBRYO TRANSFER:

A credit will remain on your account for services not able to be completed. Please request a refund if you want this credit back immediately, otherwise you may keep it on your account as a credit for future treatment.

Transfer: Embryo Transfer (58974)
NOT GLOBAL to your IVF payment (Not included in your payment)

**Medications:**
Paid by the patient directly to the pharmacy.

Total medications will cost approximately $1,500 - $5,500 depending on which protocol will be required. (The physician will discuss the protocol with you during your consultation appointment.)

**Testing:**
ANY that is required or requested by your physician(s) PRIOR to attempting IVF.
Examples of preliminary tests commonly needed include:

- Screening Blood Work, such as Cystic Fibrosis
- PAP smears
- Semen Analysis
- Sperm penetration assay (Hamster egg penetration test)
- Hysterosalpingogram
- Sonohysterography
- Ultrasounds
- Genetic Testing
- There may be additional testing depending on your diagnosis

Some of these tests may be submitted to your insurance company depending on the type of test it is and which provider/facility you choose to provide these services. These services might not be covered by your insurance and will be your responsibility if they are denied. You will need to contact your facility/provider to verify if payment is required up front or if it is an option to bill your insurance first.

**Embryo Freezing/ Embryo Cryopreservation:**
If there are enough quality embryos and you choose to have them frozen, the Andrology Department will bill you $1,000 for the embryo freezing, with no charge for the first year of storage. Thereafter, you will be billed semi-annually for continued storage.

**ICSI:**
If your physician determines that ICSI is an option for you to consider, the procedure is an additional cost payable with your IVF base cycle fee.

ICSI (Intra Cytoplasmic Sperm Injection) – If indicated (89280-89281)

The relatively new technique of intracytoplasmic sperm injection (ICSI, which is pronounced ick/see) represents a major advance in the treatment of male infertility. Using micromanipulation of the egg and sperm, a single sperm is injected into the cytoplasm of the egg. Candidates for ICSI include:

- men with failed fertilization when eggs are regarded as normal,
- men with severe untreated male factor infertility,
- men with sperm counts of <1 million/ml,
- men requiring microsurgical or percutaneous sperm aspiration (MESA, PESA),
- men with obstructive male factor infertility, and
- other clinical situations attributed to sperm abnormalities.
The risks and benefits of this procedure should be fully discussed with your physician. Men with congenital obstruction of the vas should be screened for cystic fibrosis prior to ICSI.

**Complications:**

Any reaction or illness that you may experience during your IVF cycle or immediately following your completed IVF cycle such as ovarian hyperstimulation syndrome, nausea and vomiting, hyperemesis, or ectopic pregnancy, etc., are not conditions that are “routine or normal” and will be billed to your insurance under the signs and symptoms you are having. These claims may not be covered by your insurance. If denied by the insurance, the claims will be your responsibility.

**Viability Scan:**

This is an ultrasound that will be scheduled after a positive pregnancy test. If there are any complications noticed, the physician may ask you to repeat the ultrasound. **This will be billed to your insurance as it is considered a maternity benefit.** If you would like to pay for this yourself, a discount will be offered for full payment at the time of the viability ultrasound.

If you have any questions regarding the viability scan and your insurance, please check with your insurance maternity benefits, or contact our billing specialists: University Medical Billing for Fertility at 801.213.3871 or e-mail them at 650KomasUMBFertility@hsc.utah.edu
Financial Considerations

We understand the financial obligations and stresses that can be associated with the In-Vitro Fertilization process and have taken some measures to help find options to assist our patients should they need financial assistance.

Financing:
We have partnered with various financial institutions to provide medical loans for patients needing to finance their procedure. If you need assistance financing your procedure and the options below do not work, please contact our office to see how we can further help. The following options should be reviewed and considered carefully. Our office and billing staff are able to answer questions that you may have regarding costs of procedures and details of the available options.

**AMERICAN HEALTHCARE LENDING 1-800-625-7412 x2**
- Simple, unsecured installment loans ranging from 36 to 60 mo. repayment terms
- Interest rates vary (7%-20%),
- Will require income verification
- Apply for amounts between $1,000 to $35,000
- Apply Online at [https://www.americanhealthcarelending.com](https://www.americanhealthcarelending.com)
- Credit Score of 640 or greater
- UCRM Provider ID: 003653- Needed to Apply online

**University Federal Credit Union 801.481.8800**
- “In-Vitro Loan”
- Variable Loan Rates at Prime + 4.00%
- Minimum 700 FICO Credit Score
- 6 month minimum Time on Job, Debt Ratio ≤ 45%
- 2 Personal References, Income Verification
- Max Loan amount $15,000, not to exceed 2X monthly Income
- Apply at any local branch or online at [www.ucreditu.com](http://www.ucreditu.com)

Payment Options:

- **Global IVF rate:**
  - As described above we have packaged our IVF procedure into a package rate that groups the common procedures together. This is the most convenient and cost friendly approach to IVF. The global package is almost always the less expensive option.

- **Money back guarantee plans**: We do offer a couple different guarantee plans.
  - The “**IVF Cycle Plus**” guarantee plan we offer covers the cost for a fresh IVF attempt and if no pregnancy from the fresh attempt a frozen IVF attempt, assuming there were embryos left over from the first fresh attempt. This guarantee plan means that we guarantee you will deliver a baby, and if not you’ll get a significant portion of your money back, anywhere from 70-90%. The cost to participate ranges from about $15,000 to about $25,000, depending on which Tier you fall into, range from Tier 1 to Tier 5 with the decision on which tier the patient falls into is determined during a review of your medical record's history.
We also offer a ‘traditional’ multi-cycle guarantee plan, which starts at $26,000 and provides four (4) attempts at IVF, with frozen attempts between each fresh attempt. Similar to the Single Cycle, medications and preliminary testing is not part of the cost.

Neither guarantee option covers the cost of medications, or any costs for other procedures that may be needed before or after IVF is performed, nor any complications that may arise. Also, unless otherwise indicated, the cost of quoted does not cover costs associated with obtaining and using donor gametes (sperm or eggs) or a surrogate. The guarantee plan options are not for everyone, as they are more costly, but provide the peace of mind that get a significant portion of your money back if you do not deliver a live baby (babies). As mentioned, patients must qualify for participation in the guarantee plan to ensure that you meet the inclusion criteria. This process involves our committee of physicians who meet to review interested participants. If you are interested in this option, please contact our office for more details.

**Insurance Coverage:**

If you have insurance coverage for IVF services please let us know. We currently do not have any major contracts with major payers and are considered out of network for most plans. However, this does not mean that we cannot work with your insurance to help secure coverage for your services. We are happy to bill your insurance for IVF services. Please note, in many cases there will still be patient responsibility for a portion of the costs. Please contact our office if you have insurance for IVF and would like to use it.

Insurance and Medications: Your insurance company may pay your IVF medications. The process will take longer to get your medication if you do have coverage. Please call your insurance company prior to setting up your IVF cycle to ensure that the process of getting your medications to you goes smoothly. Below is a list of questions to ask your insurance company:

**Do I have coverage for injectable fertility medications?** They may want to know the names of medications that you may be taking, we commonly use the following medications.

- Follistim
- Gonal-F
- Repronex
- Menopur
- HCG (Novarel, Pregnyl)
- Progesterone in oil
- Crinone
- Leuprolide Acetate 2 week kit (Lupron)

**If so, do you require prior authorization for these medications?** Is there a phone number to call or a form that can be faxed to my doctor’s office to give prior authorization?

Our office fax is 801.585.2231 (Attn: IVF Nurses)

**Is there a specific pharmacy that we need to order the medications from?**

Fertility specialty pharmacies we have used:

- IVP Care
- Freedom Fertility Pharmacy
- Medco
- Caremark
- Medmark
- Cigna Tel-Drug
IVF PAYMENT AGREEMENT

<table>
<thead>
<tr>
<th>PATIENT</th>
<th>PARTNER</th>
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<tbody>
<tr>
<td>Name</td>
<td>Name</td>
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<tr>
<td>MRN</td>
<td>MRN</td>
</tr>
<tr>
<td>DOB</td>
<td>DOB</td>
</tr>
</tbody>
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IVF CONSULTATION FEE

I/We, the undersigned, understand that the IVF consultation fee is due at the time of our consultation. I/We understand that consultation fees may also apply in cycles involving recipient and surrogate cycles.

IVF CYCLE FEE

An IVF cycle is $8,900. If ICSI is required, $1,250 will be added. Egg Recipient cycles are $18,600 for Anonymous donor or $13,600 for Known Donor and Surrogate cycles cost $13,600. Additional cycle fees apply for an Egg Recipient or Surrogate cycle. IVF cycle utilizing frozen embryos is $2,720.

I/We, the undersigned, understand that the total payment of our IVF cycle is due in full before we will begin medications for an IVF cycle. We understand the costs associated with IVF are what costs are included and excluded. I/We have had an opportunity to have our questions answered about these costs (see the form IVF Global and non Global services). ________, ________ (Initial)

IVF CYCLE MEDICATIONS AND OTHER COSTS SPECIFICALLY EXCLUDED

I/We, the undersigned, understand this fee does not include the cost of medications. I/We also understand that the cycle fee does not include the cost of embryo freezing, embryo storage, care prior to IVF stimulation (such as ultrasounds, blood work etc.), psychologist consults (if applicable), or any diagnostic testing or blood work prior to or during the IVF cycle. I/We acknowledge that I/we will be responsible for other fees such as Viability Ultrasounds, Embryo Cryo Preservation and Storage fees (if I/we choose to preserve and store embryos), and other fees that I/we may incur. I/We further understand that all fees are subject to change at any time without notice. ________, ________ (Initial)

IVF CYCLE CANCELATION FEE

I/We, the undersigned understand my IVF cycle may lead to cancellation. If a cycle is cancelled prior to the egg retrieval, I/we agree to pay a cancellation fee. The cancellation fee for a fresh IVF cycle, or surrogate cycle is $1,000. Cancellation fee for PGD/PGS cycles is $1,500. Cancellation for egg recipient cycles is $2,000. These fees apply for cycles canceled prior to egg retrieval. ________, ________. (Initial)

Cycles cancelled after egg retrieval, before embryo transfer will be charged for services occurring up that point. IVF cycles using frozen embryos do not have a cancellation fee; however, the costs incurred prior to cancellation will not be refunded or credited. ________, ________. (Initial)

I/We, the undersigned understand that if I/we do not request a refund and choose to come back for a 2nd cycle of IVF, I/we will be credited an additional $400 toward the 2nd cycle of IVF.

IVF CYCLE INSURANCE REIMBURSEMENT

I/We, the undersigned, understand U.C.R.M. will not bill my insurance for IVF. Should the insurance company send payment to the Utah Center for Reproductive Medicine the Center will reimburse the insurance company and I/we will be responsible for getting reimbursement from my insurance company.

<table>
<thead>
<tr>
<th>PATIENT</th>
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<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
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<tr>
<td>Date</td>
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</table>

Witness:

Date