**PATIENT FEE SCHEDULE**

Effective June 1, 2021

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| INTRAUTERINE INSEMINATION (IUI)/ DONOR SPERM INSEMINATION (DI) |  | COST |
| IUI cycle monitoring and procedure |  | Funded |
| Sperm preparation for IUI – fresh/frozen/donor |  | $750.00 |
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| IN-VITRO FERTILIZATION (IVF) PROCEDURES |  |  |
| IVF Cycle (includes Physician consult, egg retrieval & ICSI) |  | $11,000.00 |
| Embryo freezing |  | $1,100.00 |
| First frozen embryo transfer following a freeze all cycle |  | $1,500.00 |
| Frozen embryo transfer (FET) cycle |  | $2,100.00 |
| Frozen oocyte cycle (includes physician consult, egg thaw, ICSI) |  | $7,500.00 |
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| ELECTIVE EGG FREEZING AND SPERM BANKING |  |  |
| Sperm or surgical sample freezing |  | $500.00 |
| Egg freezing cycle (includes physician consult, egg retrieval, egg freezing) |  | $7,750.00 |
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| ADDITIONAL IVF COSTS |  |  |
| Sperm retrieval by urologist (TESA/PESA) |  | $1,500.00 |
|  |  |  |
| ERA I (1st sample) by Igenomix |  | $1,250.00 |
| ERA by Igenomix (2nd sample/repeat test) |  | $ 600.00 |
| EMMA & ALICE by Igenomix (1st sample) |  | $1,100.00 |
| EMMA & ALICE by Igenomix (2nd sample) |  | $750.00 |
| EndomTRIO by Igenomix (1st sample) |  | $1,500.00 |
| EndomTrio by Igenomix (2nd sample)  |  | $1,100.00 |
| PRODUCTS OF CONCEPTION TESTING by Igenomix |  | $700.00 |
|  |  |  |
| **PRE-IMPLANTATION GENETIC TESTING (PGT-A)** |  |  |
| Sequence 46 (including consultation, biopsy, freezing and PGT) payment directly to Procrea |  |  |
| 1 Embryo |  | $2,100.00 |
| 2 Embryos |  | $3,000.00 |
| 3 Embryos |  | $3,900.00 |
| 4 Embryos |  | $4,750.00 |
| 5 Embryos or more |  | $5,000.00 |
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| If PGT is performed at a lab other than Sequence 46 |  |  |
| Consultation, biopsy and freezing  |  | $2,750  |
| *Outside lab fees for genetic analysis not included a quote will be provided prior to cycle start* |  |  |
| ***For PGT-M and PGT SR please ask billing for the additional costs*** |  |  |
|  |  |  |
| Sperm DNA fragmentation test |  | $250.00 |
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| DIRECTED DONATION PROGRAM (KNOWN DONOR) |  |  |
| Program management fee |  | $5,000.00 |
| **STORAGE FEES** |  |  |
| Annual storage fee for embryos, eggs or sperm (plus HST) |  | $950.00 |
| *Payable immediately and on each anniversary of the original freeze date* |  |  |
| *Several sperm samples can be stored as one batch if completed within 14 days of first sample* |  |  |
| *Sperm, eggs, or embryos stored less than 3 months will be refunded storage fee* |  |  |
| **OTHER** |  |  |
| Anti-Mullerian Hormone (AMH) |  | $125.00 |
| Chart management fee- intercourse cycles *(non-refundable)* |  | $200.00 |
| Receipt and handling of specimens (from outside facility)  |  | $100.00 |
| Transferring out embryos, eggs or sperm |  | $500.00 |
| Missed appointment |  | $100.00 |
| Satellite monitoring (non-refundable) |  | $2,500.00 |
| Insurance letter/physician Letter |  | $30.00 |
| Copy of medical record *(plus HST)* |  | $100.00 |
| **TOTAL** |  |  |

**FEE POLICY**

* **For your convenience we accept the following forms of payment: debit, certified cheque, bank draft and all major credit cards. We cannot accept cash or personal cheques.**
* **Medication costs are not included and cannot be returned or refunded once purchased.**
* **All fees are in Canadian dollars.**
* **Funded cycles are available through the Ontario Fertility Program**

**CANCELLED OR CONVERTED CYCLE COSTS**

* **Cycles may be cancelled.**
* **Private pay IVF cycle converted to IUI cycle will be charged the sperm preparation fee of $750 and the cycle monitoring fee of $725. Private IVF cancelled and not converted to IUI will be charged only the cycle monitoring fee of $725.**

**REFUND POLICY**

* **Outstanding credits can be refunded or utilized towards future cycles.**
* **In certain cases, the desired outcomes may not be achieved yet our fees are non-refundable.**
* **You will be reimbursed any fees for services not provided.**
* **Egg retrieval with no eggs will be refunded $5,000 of the IVF treatment cycle fee.**

**Full payment of fees is due when patients initiate treatment (day 3 of menses). I/We understand the fees quoted as per treatment cycle. I/We have read and understand the financial guidelines and fees. I understand all fees and payment terms.**

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| Patient's Signature |  |  |  | Date |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |
| Partner's Signature (if applicable) |  |  | Date  |  |  |  |  |  |  |  |  |  |  |  |  |  |