		REFertility	
Effective Date: J	anuary 1, 20	25	
	-	t be included in your purchased packag	e. lf a service
listed below is no	ot explicitly m	entioned in your contract, it will be char	rged separately.
Prices for these s	services are su	ubject to change without prior notice.	
		Bloodwork Services	
SERVICES			CHARGES
AMH			\$350.00
Basic Metabolic F	Panel		\$75.00
Beta hCG			\$50.00
CBC			\$50.00
Chlamydia			\$75.00
CMV IGM/IGG			\$75.00
Donor/Surrogate Partner STD Screening		\$400.00	
Egg Donor Initial	Screening		\$2,000.00
Estradiol (E2)			\$100.00
Female FDA Labs	5		\$1,050.00
Female FDA Labs	s Rescreen		\$1,000.00
Female RPL			\$2,000.00
Free Testosteron	e		\$75.00
FSH			\$60.00
GC Chlamydia			\$100.00
Genetic Testing - Standard Panel		\$400.00	
HBA1C			\$20.00
Hematocrit 50			\$50.00
Hep B Surface Ar	ntigen		\$150.00
Hepatitis B			\$50.00
Hepatitis C Antib	ody		\$50.00
HIV			\$60.00

HTLV 1&2	\$85.00
IGF Insulin	\$300.00
IUI/IVF Female STD	\$450.00
IUI/IVF Male STD	\$350.00
Karyotype	\$495.00
LH	\$60.00
Male Donor FDA Labs	\$1,300.00
Male Donor FDA Labs Rescreen	\$1,250.00
Male RPL	\$1,500.00
OH Progesterone	\$100.00
Prolactin	\$60.00
RH Type	\$50.00
RPR	\$60.00
Rubella	\$50.00
Specimen Handling	\$25.00
Sperm Donor Initial Screening	\$1,500.00
Stat Lab Fee	\$50.00
Surrogate Initial Screening	\$1,050.00
Total Testosterone	\$150.00
TSH	\$30.00
Tubal Reversal Pre-Op	\$150.00
Urine Drug Screening	\$75.00
Varicella	\$75.00
Vitamin D	\$150.00
Y Micro Deletion	\$450.00
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Embryology S	
SERVICES	CHARGES
Assisted Hatching	\$1,000.00
Egg Freezing	\$950.00
Egg Storage (per year)	\$800.00
Embryo Freezing	\$950.00

Embryo Storage (per year)	\$800.00	
ICSI	\$1,500.00	
Biopsy Flat Fee	\$500.00	
PGT-A shipping and handling	\$1,000.00	
PGT-A per embryo	\$450.00	
PGT-A/PGD - Rush Fee	\$1,250.00	
Semen Analysis	\$350.00	
Sperm Freezing	\$1,050.00	
Sperm Storage (per year)	\$800.00	
Sperm Spinning	\$450.00	
THIRD PARTY CASE REVIEW		
Directed Sperm Donor / Egg Donor / Surrogate Anonymous Sperm Donor	\$350	
Anonymous sperm bonor	φ230	
MEDICATIONS		
Clomid - Pack of 10	\$135.00	
Ganirelix	\$100.00	
Letrozole Tablets	\$15.00	
Lupron Trigger	\$170.00	
Menopur	\$95.00	
Metformin Tablets - 1 packet of 30	\$7.50	
Metformin Tablets - 1 bottle	\$20.00	
Novarel	\$91.00	
Progesterone Capsule - 1 packet of 50	\$25.00	
Progesterone Capsule - 1 bottle of 100	\$100.00	
Gonal-F	\$475	
OTHER MISCELLANEOUS SERV		
SERVICES	CHARGES	
Anesthesia	\$700.00	
Embryo Glue	\$500.00	
Diagnostic Ultrasounds	\$400.00	

Third Party Initial Consultation	\$400.00
Endomentrial Biopsy	\$550.00
New Patient Consultation	\$400.00
Follow-Up Consultation	\$400.00
Injection Teaching & Administration	\$50.00
Insurance Copay	lt varies
Transfer Fee Tissue to another Clinic (Eggs/Embryos/Spe	erm) \$1,500.00
Transfer Fee Tissue from another Clinic (Eggs/Embryos/	Sperm) \$1,500.00
International Specimen Handling Fee (Eggs/Embryos/Sp	erm) \$2,000.00
IUD Removal Simple	\$100.00
Late Fee + NSF (for payment plans)	\$35.00
Medical Records	\$15.00
No Show Fee	\$250.00
Nurse/Coordinator Consultation	\$50.00
OB Ultrasound	\$400.00
Pap Smear	\$500.00
Sonohysterogram	\$700.00
Ultrasound	\$400.00
Viromed International Shipping	\$500.00
Surgery Center	
SERVICES	CHARGES
Cyst Aspiration	\$750.00
Cystectomy	\$3,450.00
D&C	\$1,995.00
ERA	\$2,500.00
Hysterosalpingogram (HSG)	\$900.00
Hysteroscopy - Diagnostic	\$995.00
Hysteroscopy - Myosure	\$3,750.00
Hysteroscropy- Operative	\$2,750.00
Intralipid Infusion	\$500.00
IV Infusion	\$50.00

Laparoscopy Surcharge	\$1,000.00
OHSS Tap	\$750.00
Ovarian Drilling	\$6,500.00
Salpingectomy	\$5,950.00
TESE/MESA	\$3,750.00
Tubal Canalization	\$2,000.00