

Below is an estimate of for a cycle of in-vitro fertilization (IVF) with PGT. Please note, these are estimated fees and costs may vary. ****Does not include medications****

Calendar Visit **starting at \$486**

Pre-cycle Testing (See page 3 for possible labs)

Trial Transfer/Saline Sonogram **\$1,498**

58974.01 Trial Transfer	\$170
76998.00 Trial Transfer Ultrasound	\$485
Saline Sonogram	\$843

Cycle Monitoring **\$3,826**

99213 Office Visits	\$202*5=\$1,010
76857.TUS/76857.P Follicular Ultrasound	\$242*5=\$1,210
36415 Lab Draw	\$18*7=\$126
84144.001 Progesterone	\$97*5=\$485
82670.005 Estradiol	\$130*7=\$910
83002.003 Luteinizing Hormone	\$85*1=\$85

Egg Aspiration with ICSI (Intra-Cytoplasmic Sperm Injection) **\$6,218**

58970 Oocyte Retrieval	\$1,350
89250.001 Culture of Oocyte	\$1,050
89254.001 Oocyte Identification	\$850
89261.002 Complex Sperm Prep	\$325
89280.001 ICSI < 10 Oocytes	\$1,600 (if > 10, \$2,025)
76948.26/76948.TC Aspiration Ultrasound	\$243
Anesthesia	\$800 (estimated)



Reproductive Medicine - Fargo
In Vitro Fertilization (IVF) Cost Estimate
-FREEZE ALL WITH PGT
Prepayment

PGT (Sanford Biopsy Charge)

89290.001 Biopsy of Embryos	\$1,800 < 5 embryos (ins may not cover)
89291.001 Biopsy of Embryos	\$2,200 > 5 embryos (ins may not cover)

Freezing of Embryos (Up to 4 embryos, ONE freeze ONLY - \$200 per add'l embryo) **\$2,005**

89258.04 Cryopreservation of Embryos	\$1,025 (ins. may not cover)
89272.001 Extended Culture	\$530
89342.OL Annual Embryo Storage (1 st year)	\$450 (ins. may not cover)

Transfer Cycle Monitoring (2 Office Visits/2 Ultrasounds/Lab Work) **\$1,281**

99213 Office Visits	\$202*2=\$404
76857.TUS & 76587.P Follicular Ultrasound	\$242*2=\$484
36415 Lab Draw	\$18*2=\$36
84144.001 Progesterone	\$97*1=\$97
82670.005 Estradiol	\$130*2=\$260

Thaw and Transfer of Embryo(s) **\$3,634**

89352.001 Thaw of Embryo	\$900 (ins. may not cover)
89272.001 Extended Culture	\$530
76998 Embryo Transfer Ultrasound	\$474
89255.001 Embryo Transfer (LAB)	\$600
58974.01/02 Trial & Embryo Transfer (Provider)	\$1,130

FET Cycle Lab Work **\$494**

36415 Lab Draw	\$18*3=\$54
84144.001 Progesterone	\$97*2=\$194
84702.07 Beta HCG	\$82*3=\$246

Estimated Cost for Cycle (does Not include medications) **\$21,242**

<u>Prescription Medications (Egg Retrieval)</u>		\$3,000-\$7,000
<u>Prescription Medications (Embryo Transfer)</u>		\$1,000-\$3,000
<u>Additional Annual Storage Fee (ReproTech)</u>		Billed directly to patient
<u>Freezing Backup Sperm (OPTIONAL)</u>		\$480-\$901
89322.001 Semen Analysis	\$175	
89259.001 Cryo Vials	\$300 (ins may not cover)	
89343 Annual Sperm Storage	\$400 (ins may not cover)	
<u>Acupuncture (OPTIONAL)</u>		\$140-\$206
97810 Acupuncture 1+ needles w/o elect stim	\$82	
97811 Acupuncture > 1 needles w/o elect stim	\$62x2	



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The charges above are estimates only. **This is not an agreement or guarantee to provide these services for the amounts listed. You will be responsible for the actual costs associated with the services provided.** In addition, Sanford has not verified the amount of insurance coverage you have for this treatment. **The pre-payment amount is calculated based on your representation to Sanford of what your insurance coverage will be for this treatment. Sanford is not responsible for any variation in actual coverage provided by your insurer.**

Please feel free to contact us at (701) 234-8041 or (800) 437-4010 ext 234-8041 if you have any questions about this estimate.

I understand and accept the above information. All of my questions have been answered. I understand these costs are only an estimate of the charges for my treatment and actual charges may vary. I understand I may owe more money than the estimated total above, depending on the treatment I need, actual charges for services, and my insurance coverage. I understand I am responsible for payment of the total costs of my IVF treatment.

 Signature of Patient Date

 Signature of Patient Date

 Financial Counselor Date

CooperGenomics Preimplantation Genetic Testing Cost Information

o **Preimplantation Genetic Testing – Aneuploidy (PGT-A)**

Screening of embryos for extra or missing chromosomes or pieces of chromosomes which can result in miscarriage

- Option 1: Multi-Cycle (8 before 9) - \$1,850 for eight samples submitted within nine months, \$250 per additional sample
- Option 2: Single Cycle - \$300 per embryo (automatically enrolled in multi-cycle pricing if 7 or more embryos)

o **Preimplantation Genetic Testing – Monogenic Disease (PGT-M)**

Screening of embryos for genetic disease when there is a known risk to pass on a specific genetic condition (i.e. parents are both carriers of a recessive condition or a parent is affected with a dominant condition)

- Cost: \$4,500 for up to eight samples, \$400 per additional sample
 - o \$1,800 per additional condition tested for

o **Combined PGT-A and PGT-M**

Screening for chromosome number changes and specific genetic conditions which there is a known risk of in embryos

- Option 1: Samples tested serially - \$5,500 for up to eight samples, \$525 per additional sample
- Option 2: Samples tested simultaneously - \$6,450 for up to eight samples, \$525 per additional sample

o **Preimplantation Genetic Testing – Structural Rearrangement (PGT-SR)**

Screening for unbalanced chromosome translocations in cases where one parent is a known carrier of a balanced chromosome translocation

- Cost: \$2,400 for up to eight samples, \$250 per additional sample

o **Other Costs**

- Logistics, Coordination, and Transportation fee: \$350 (per shipment/testing cycle)

Testing is performed by CooperGenomics, billing and payment agreements are made directly through CooperGenomics, not Sanford. CooperGenomics will contact you to set up billing and payment information.