

Specialists In Reproductive Medicine & Surgery, P.A.

www.DreamABaby.com • Fertility@DreamABaby.com

Excellence, Experience & Ethics



Dream Discount PLUS Program Consent Egg Recipient *Price List (2026)*

We here at Specialists in Reproductive Medicine & Surgery, P.A., (SRMS) want to offer you a “Dreamy” option that will make it easier for you to achieve your goals of building your family. We call it our “Dream Discount Plus Program” (DDPP) offering **20%, 30%, 40% or 50% off** our 2026 prices for nearly all of your Assisted Reproductive Technology (ART) procedures! Below is a breakdown of the estimated self-pay costs of our Egg Donation procedure under our new “Dream Discount Plus Program”:

ART Procedures	Dream Discount Plus Program		
	<i>30% Off</i> <i>Cycle 1</i>	<i>40% Off</i> <i>Cycle 2</i>	<i>50% Off</i> <i>Cycle 3</i>
Egg Donation (2026 regular fees: \$35,540)	\$27,832.40	\$25,037.40	\$22,728.00

General

Preliminary studies (Female & Male) are not part of the DDPP 2026 discount. These services may be billed to your insurance if the coverage is available. If treatment for infertility is a covered service (IVF w/Egg Donation), we will bill your insurance company and collect any co-payments due at the time of your baseline appointment. If IVF w/Egg Donation is not a covered service or we do not participate with your insurance plan, no charges will be billed to your insurance company. The fees below are the estimated totals without insurance. Cycle Fees are collected on or before baseline. All Initial Intake, Female and Male Study fees will be due at the time of service.

Initial Intake:

Comprehensive New Female Patient Visit	\$426.00
Intermediate New Male Patient Visit	\$332.00
Psychological Evaluation**	\$400.00

Subtotal:	\$1,158.00
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** Mandatory for recipients without partners.

Female (Egg Recipient) Studies:

HIV (Human Immunodeficiency Virus)	\$105.00
HBsAg (Hepatitis B)	\$99.00
HCsAb (Hepatitis C)	\$59.00
RPR (Syphilis)	\$49.00

Egg Donor Price List (cont.)

Cervical Screen GC/Chlamydia	\$139.00
ABO RH (Blood Type)	\$39.00
Antibody Screen	\$55.00
Rubella Ab IGG	\$129.00
Progesterone	\$168.00
CBC w/ Diff	\$44.00
PAP	\$115.00
Electrolytes	\$42.00
Varicella	\$114.00
Venipuncture (x3)	\$87.00
GYN Ultrasound	\$610.00
HSG	\$110.00
Diagnostic Hysteroscopy	\$1380.00
If > 45 Years Old *	
Screening Mammogram	\$137.00
Fasting Glucose Level	\$40.00
Fasting Lipid Profile	\$93.00
Venipuncture (1)	\$29.00

Subtotal: **\$4,354.00**

- * This does not include a consult with high-risk obstetrics. This is offered but not necessarily required. If the cardiac status is uncertain, a cardiology consult with an EKG and/or MUGA Scan/Stress Tests may be required, and these fees are not calculated here.

Male Studies:

Semen Analysis/Anti-Sperm Anti-Body Test	\$250.00
HIV (Human Immunodeficiency Virus)	\$105.00
ABO RH (Blood Type)	\$39.00
Venipuncture (x1)	\$29.00
Cryopreservation Sperm *	\$800.00

Subtotal: **\$966.00**

*Some men may request that their semen be cryopreserved prior to the procedure. This will be discussed in your case management.

Egg Donation DDPP 2026

Fees Included in the DDPP	Fees <u>Not</u> Included in the DDPP
<ul style="list-style-type: none"> Case management Ultrasound monitoring Egg retrieval Embryology/Andrology laboratory fees Embryo transfer procedures 	<ul style="list-style-type: none"> Initial evaluation and treatment procedures Medication costs Egg donor reimbursement Other fees generated by outside entities that are not under the control of SRMS Embryo storage x12 months International Fertility Insurance

Fees not discounted include cryopreservation, storage, Egg Donor reimbursement and outside laboratory fees.

Egg Donor Cycle Fees

Egg Donor Medications:

*Estimated Medication Cost **\$2,200.00-\$3,200.00**

Egg Donor Price List (cont.)

- * The prices may vary with respect to the amount of medication needed by an individual patient. At times, individual patients may require even more medications than listed. In addition, Pharmacy prices may change and are out of the control of SRMS. **Fees for medications are paid directly to the pharmacy.**

Genetic Testing:

SRMS recommends the Counsyl test for all Egg Donors. The Counsyl Test screens for whether the donor is a carrier of certain genetic diseases such as Cystic Fibrosis, Spinal Muscular Atrophy, Tay-Sachs disease, and Sickle Cell disease, which can significantly impair a child's normal development or life expectancy. For some of these conditions, early diagnosis can alter pregnancy outcomes. We are using the screen that the American Congress of Obstetrics and Gynecology (ACOG) and the American College of Medical Genetics (ACMG) recommend for genetic carrier screening. The above lab fee for genetic testing is subject to change.

The FDA is now requiring additional testing prior to retrieval. Our current negotiated price is \$572.00. This is a direct cost from the out-sourced lab and is subject to change without notice.

All **Egg Donor Cycle Fees** will be due prior to the initiation of the donor evaluation.

Egg Donor Procedure	Code	Base Fee	30% Discount	40% Discount	50% Discount
Comprehensive New Female Patient Exam	99205	\$426.00	\$298.20	\$255.60	\$213.00
Vaginal Ultrasound for Ovarian Placement	76857	\$205.00	\$143.50	\$123.00	\$102.50
Oral Contraceptive Pills	S4993	\$86.00	\$86.00	\$86.00	\$86.00
HIV (I & II) (Donor)	86703	\$105.00	\$105.00	\$105.00	\$105.00
HBsAg (Hepatitis B)	87340	\$99.00	\$99.00	\$99.00	\$99.00
HcAB (Hepatitis C)	86803	\$59.00	\$59.00	\$59.00	\$59.00
RPR (Syphilis)	86592	\$49.00	\$49.00	\$49.00	\$49.00
DNA Gene Probe (GC/Chlamydia) GCC	87491	\$139.00	\$139.00	\$139.00	\$139.00
ABO & RH (Blood Type)	86901	\$39.00	\$39.00	\$39.00	\$39.00
Urine Drug Screen	80101	\$88.00	\$88.00	\$88.00	\$88.00
CBC w/Diff	85025	\$44.00	\$44.00	\$44.00	\$44.00
Electrolyte Panel	80051	\$42.00	\$42.00	\$42.00	\$42.00
PAP Smear (Thin Prep)	88142	\$115.00	\$115.00	\$115.00	\$115.00
Genetic testing	Gen Test	\$572.00	\$572.00	\$572.00	\$572.00
Psychological Counseling	PSYCH	\$325.00	\$325.00	\$325.00	\$325.00
Venipuncture	36415	\$29.00	\$19.60	\$16.80	\$14.00
FDA Donor Panel - Female	FDA 5	\$255.00	\$255.00	\$255.00	\$255.00
- HIV (I & II)					
- HIV/HCV NAT					
HBsAg (Hepatitis B)					
- HcAB (Hepatitis C)					
- HBc IgG					
- RPR (Syphilis)					

Egg Donor Price List (cont.)

- GC/Chlamydia					
Egg Donor Reimbursement	EGGDON	\$1,500.00	\$1,500.00	\$1,500.00	\$1,500.00
Egg Donor Reimbursement	EGGDON	\$5,500.00	\$5,500.00	\$5,500.00	\$5,500.00
Ultrasound (4x) **	76857	\$1,012.00	\$708.40	\$607.20	\$506.00
Venipuncture (4x) **	36415	\$116.00	\$81.20	\$69.60	\$58.00
E2 (4x) **	82670	\$672.00	\$470.40	\$403.20	\$336.00
Global Anesthesia Fee	99144	\$1,450.00	\$1,015.00	\$870.00	\$725.00
Oocyte Retrieval	58970	\$2,641.00	\$1,848.70	\$1,584.60	\$1,320.50
Ultrasound Guidance	10022	\$822.00	\$575.40	\$493.20	\$411.00
Subtotal		\$16,390.00	\$14,157.40	\$13,187.40	\$12,703.00

** up to four per cycle. Additional services will be at the discounted rate.

Egg Recipient Cycle Fees

Egg Recipient Medications:

*Estimated Medication Cost

\$1,393.00-\$1,758.00

* The prices may vary with respect to the amount of medication needed by an individual patient. At times, individual patients may require even more medications than listed. In addition, Pharmacy prices may change and are out of the control of SRMS.
Fees for medications are paid directly to the pharmacy.

Egg Recipient Procedure	Code	Fee	30% Discount	40% Discount	50% Discount
Cycle Fee (IVF 1)	99366	\$750.00	\$443.10	\$379.80	\$316.50
US (3x) **	76857	\$759.00	\$531.30	\$455.40	\$379.50
Venipuncture (3x) **	36415	\$87.00	\$60.90	\$52.20	\$43.50
E2 (3x) **	82670	\$504.00	\$352.80	\$302.40	\$252.00
Monitoring Total		\$2,100.00	\$1,470.00	\$1,260.00	\$1,050.00
Embryology/Andrology Fees					
MESA/TESA sperm identification	89264	\$850.00			
Semen Wash/Isolate Complex	89261	\$750.00			
Oocyte Identification	89254	\$1,000.00			
Insemination of Oocytes	89268	\$1,100.00			
Intra-cytoplasmic sperm inject (ICSI)	89280	\$2400.00			
Culture of Oocytes/Embryos	89250	\$5500.00			
Assisted Embryo Hatching	89253	\$1200.00			
Total Bundled Package Fee		\$12,800.00	\$8,960.00	\$7,680.00	\$6,400.00
Embryo Transfer					
Preparation of embryo for transfer	89255	\$850.00	\$595.00	\$510.00	\$425.00
Fresh Embryo Transfer	58974	\$2,500.00	\$1,750.00	\$1,500.00	\$1,250.00
Embryo Transfer Total		\$3,350.00	\$2,345.00	\$2,010.00	\$1,675.00
Egg Recipient Totals		\$19,150.00	\$13,675.00	\$11,850.00	\$10,025.00
Embryo Cryopreservation, Storage and Insurance (not included)					

Egg Donor Price List (cont.)

Cryopreservation of Embryos	89258	\$900.00	\$900.00	\$900.00	\$900.00
Storage of Embryos (not included in totals)	89342	\$800.00	\$800.00	\$800.00	\$800.00
International Fertility Insurance	4 months	\$320.00	\$320.00	\$320.00	\$320.00
	6 months	\$370.00	\$370.00	\$370.00	\$370.00
Summary of Donor/Recipient DDPP					
DONOR	S4025	\$16,390.00	\$14,157.40	\$13,187.40	\$12,703.00
RECIPIENT	S4011	\$19,150.00	\$13,675.00	\$11,850.00	\$10,025.00
Total		\$35,540.00	\$27,832.40	\$25,037.40	\$22,728.00
2026 DDPP			\$27,832.40	\$25,037.40	\$22,728.00

**** up to three per cycle. Additional services will be at the discounted rate.**

The incurred costs estimated here are not guaranteed. Individual variability often results in an unpredictable number of ultrasounds, blood tests and medication vials administered.

Embryology fees include Intra-Cytoplasmic Sperm Injection (ICSI) and Laser Assisted Hatching (AH). ***There are no hidden embryology fees compared to other IVF programs.***

All three cycles must be initiated within an 18-month time frame to qualify for the fee reductions according to the ART schedule as set up by SRMS. Frozen embryo transfers are discounted 20% regardless of the number of procedures performed as long as the DDPP is active.

This offer is being made available for a limited time and cannot be combined with any other discounts. Patient must be 21 years of age or older, void where prohibited.

These price reductions have been made available starting 1/1/2026. SRMS reserves the right to discontinue the DDPP program at any time. Fees are subject to change without notice.

We have read the information above and our questions were answered to our satisfaction. We agree to participate in this limited opportunity to grow my/our family here at SRMS. Furthermore, we agree to be responsible for the payment of charges.

Cycle#1 - 30% Discount

_____ Patient's Signature	_____ Patient's Name (print)	____/____/____ Date
_____ Partner's Signature	_____ Partner's Name (print)	____/____/____ Date
_____ Office Personnel Signature	_____ Office Personnel Name (print)	____/____/____ Date
_____ Physician's Signature	_____ Physician's Name (print)	____/____/____ Date

Egg Donor Price List (cont.)

Cycle#2 - 40% Discount

_____ Patient's Signature	_____ Patient's Name (print)	_____/_____/_____ Date
_____ Partner's Signature	_____ Partner's Name (print)	_____/_____/_____ Date
_____ Office Personnel Signature	_____ Office Personnel Name (print)	_____/_____/_____ Date
_____ Physician's Signature	_____ Physician's Name (print)	_____/_____/_____ Date

Cycle#3 – 50% Discount

_____ Patient's Signature	_____ Patient's Name (print)	_____/_____/_____ Date
_____ Partner's Signature	_____ Partner's Name (print)	_____/_____/_____ Date
_____ Office Personnel Signature	_____ Office Personnel Name (print)	_____/_____/_____ Date
_____ Physician's Signature	_____ Physician's Name (print)	_____/_____/_____ Date

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