

Specialists In Reproductive Medicine & Surgery, P.A.

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Excellence, Experience & Ethics



Dream Discount PLUS Program Consent **Frozen Embryo Transfer** ***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%** off of our 2026 prices for Frozen Embryo Transfer (FET) procedures! Below is a breakdown of the estimated self-pay costs of our FET procedure under our new “Dream Discount Plus Program”:

	<i>20% Off</i> <i>Replacement FET</i>	<i>20% Off</i> <i>Natural FET</i>
Frozen Embryo Transfers (FET) (2026 total fees: \$7,100 - \$7,500)	\$5,680.00	\$6,000.00

If treatment for infertility is a covered service (IVF/FET), we will bill your insurance company and collect any co-payments due at the time of your baseline appointment. If IVF/FET 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 FET cycles are generally offered throughout the year, although limitations in the schedule for staff at SRMS may occasionally limit certain periods of time for transfer.

Frozen Embryo Transfer 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• Embryo transfer procedures• Outside Laboratory fees	<ul style="list-style-type: none">• Medication costs• Other fees generated by outside entities that are not under the control of SRMS

Natural Cycle Frozen Embryo Transfer:

When possible, a natural cycle Frozen Embryo Transfer (FET) procedure will be performed. In this process, we simply identify the time of ovulation with relative accuracy and transfer the embryos into the uterus through the cervix at the appropriate time.

Frozen Embryo Transfer Price List (cont.)

FET Medications: Natural Cycle

*Estimated Medication Cost

\$279.00

* 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.**

FET NATURAL CYCLE			
Procedure	Code	Base Fee	20%
Cycle Fee	99366	\$350.00	\$280.00
Ultrasound (3x) **	76857	\$759.00	\$607.20
Venipuncture (3x) **	36415	\$87.00	\$69.60
E2 (3x) **	82670	\$504.00	\$403.20
LH (3x) **	83002	\$504.00	\$403.20
Embryo Transfer			
Thawing of cryopreserved; embryos	89352	\$850.00	\$680.00
Assisted Hatching	89253	\$1,096.00	\$876.80
Preparation of embryo transfer	89255	\$850.00	\$680.00
Frozen Embryo Transfer	58974	\$2,500.00	\$2,000.00
Subtotal		\$7,500.00	\$6,000.00
		2025 DDPP	\$6,000.00

** Up to three per cycle. Occasionally, a patient will require more than three visits to identify the time of ovulation. At each additional visit, SRMS may perform a venipuncture for LH & E2 and an ultrasound. These additional services will be at the discounted rate.

Replacement Cycle Frozen Embryo Transfer:

If a natural cycle FET is not possible (patient does not ovulate regularly on her own), a replacement cycle will be performed. In a replacement cycle, estrogen and progesterone are administered by oral, vaginal and injection routes to replace the function of the ovary.

It should be clearly understood that there does not seem to be any difference between natural cycle and replacement cycle pregnancy success rates.

While replacement cycles afford a bit more predictable control in the timing of the transfer process, more injections are given and the overall costs greater.

Frozen Embryo Transfer Price List (cont.)

FET Medications: Replacement Cycle

Estimated Medication Cost

\$1,205-\$1,575

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.

FET Replacement Cycle			
Procedure	Code	Base Fee	20%
Cycle Fee	99366	\$450.00	\$360.00
Ultrasound (3x) **	76857	\$759.00	\$607.20
Venipuncture (3x) **	36415	\$87.00	\$69.60
E2(3x) **	82670	\$504.00	\$403.20
Embryo Transfer			
Thawing of cryopreserved; embryos	89352	\$850.00	\$680.00
Preparation of embryo transfer	89255	\$850.00	\$680.00
Assisted Hatching	89253	\$1,100.00	\$880.00
Frozen Embryo Transfer	58974	\$2,500.00	\$2,000.00
Subtotal		\$7,100.00	\$5,680.00
		2026 DDPP	\$5,680.00

** Up to three per cycle. Occasionally, a patient will require more than three visits to identify the time of ovulation. At each additional visit, SRMS may perform a venipuncture for LH & E2 and an ultrasound. These 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.

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 1/1/2025. 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.

Frozen Embryo Transfer Price List (cont.)

FET #1 - 20% 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

FET #2 - 20% 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

FET #3 - 20% 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