

# Specialists In Reproductive Medicine & Surgery, P.A.

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*Excellence, Experience & Ethics*



## Therapeutic Donor Insemination Price List (2026)

All consent forms must be signed, and a credit card must be on file prior to the ordering of any semen.

*Prices are subject to change without prior notice.*

### Routine Donor Sperm Recipient Laboratory Studies:

HIV (Human Immunodeficiency Virus)	\$105.00
RPR (Syphilis)	\$49.00
HbsAg (Hepatitis B)	\$99.00
HCsAb (Hepatitis C)	\$59.00
ABO RH (Blood Type)	\$39.00
Antibody Screen	\$41.00
CBC	\$44.00
Rubella Screen	\$129.00
DNA Gene Probe (Gonorrhea & Chlamydia)	\$139.00
Progesterone	\$160.00
Venipuncture (x2)	\$58.00
	Subtotal: \$922.00

These fees above are standard in the evaluation of the patient receiving donor sperm. Above fees do not include physical exams, HSG studies or other procedures/labs that may or may not be requested by your physician.

### Routine Partner Laboratory Studies (When Applicable):

HIV (Human Immunodeficiency Virus)	\$105.00
Venipuncture (x1)	\$29.00
	Subtotal: \$134.00

### Preferred Sperm Banks: (prices will vary)

- 1) California Cryobank 1935 Armacoast Ave, Los Angeles, CA 90025  
[www.cryobank.com](http://www.cryobank.com) 866-927-9622
- 2) Cryos International Sperm and Egg Bank 2200 N Alafaya Tr, Ste 100, Orlando, FL 32826 [www.usa.cryosinternational.com](http://www.usa.cryosinternational.com) 407-203-1175
- 3) Fairfax Cryobank 3015 Williams Dr, Ste 110, Fairfax, VA 22031  
[www.fairfaxcryobank.com](http://www.fairfaxcryobank.com) 800-338-8407
- 4) Seattle Sperm Bank 4915 25<sup>th</sup> Ave NE #204, Seattle, WA 98105  
[www.seattlespermbank.com](http://www.seattlespermbank.com) 206-588-1484
- 5) Xytex 730 Peachtree St NE, Atlanta, GA 30308  
[www.xytex.com](http://www.xytex.com) 706-733-0130

**SRMS Lab Receiving/Handling/Storage/Supply/Administrative/Nursing Fees:**

Laboratory receiving fee	\$25.00
Laboratory handling fee (transferring specimen, return of shipping container)	\$50.00
Storage fee (short-term)	\$70.00
Supplies (liquid nitrogen)	\$50.00
Administrative fee (records maintenance, liability coverage)	\$50.00
Nursing consultation	\$150.00
	<b>Subtotal:</b>
	<b>\$395.00</b>

Any specimens that are ordered outside of our usual ordering methods will be subject to the same SRMS Lab Receiving/Handling/Storage/Supply/Administrative/Nursing Fees as outlined above.

The SRMS Lab Fees are billed for each delivery from the donor bank (i.e., will be the same for one, two or three delivered vials).

**Additional Storage Fees:**

1. It is expected that the period of donor sperm storage will be as short as possible. The following fees and restrictions apply to the cryopreserved donor sperm:
2. **You will be billed on a monthly plan through Embryo Options @ \$70 per month**, for one year.
3. **A payment of \$800 will be requested for the following 12 months.**
4. If you transfer the donor sperm or ask that the specimens be destroyed/donated anytime within the billed 12 months, the fees will not be pro-rated.
5. These fees are **not** dependent upon the number of vials that are being stored.
6. While SRMS will send a reminder, the pre-payment of any 12-month increment will be your responsibility and must be paid at least 30 days before the 12-month increment is to start.
7. ***There will be no exceptions regarding the pre-payment for the donor sperm storage fees.***

**Abandoned Donor Sperm Concerns:**

Notwithstanding the above, in order to protect SRMS, the donor sperm will become the property of the practice, to be used as they see fit, if the storage fees are not paid in advance. Please realize that the practice is unable to indefinitely store hundreds or potentially thousands of unclaimed donor sperm vials.

We agree to notify SRMS of any change in our address or phone number. If SRMS is unable to contact us after reasonable attempts are made regarding the deposition of our stored donor sperm, we understand that the sperm will become the property of the practice.

***SRMS and other ART facilities have had difficulties with patients abandoning their donor sperm. We understand that it is our responsibility to make certain that SRMS knows of your whereabouts and that you take personal and financial responsibility for your cryopreserved donor sperm.***

**General:**

These services may be billed to your insurance if the coverage is available. If treatment for intra uterine insemination (IUI) is a covered service, we will bill your insurance company and collect any co-payments due at the time of your appointment. If IUI 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. Fees will be due at the time of service. We will request a credit card on file at the time consents are signed. Please discuss any financial concerns you have with the billing manager regarding these requirements.

Therapeutic Donor Insemination Price List (*cont.*)

**TDI/IUI General Fees:**

<b>Procedure</b>	<b>Each Month</b>
Urine LH Detection Kits (Prices will vary from pharmacy to pharmacy)	\$61.00
**Ultrasound Procedure	\$253.00
Sperm Thaw	\$159.00
Sperm Wash and Prep	\$650.00
Intra-Uterine Artificial Insemination	\$750.00
Profasi-HCG (If no color change)	\$140.00
Injection cost for HCG (If no color change)	\$54.00
Ultrasound procedure (If no color change)	\$253.00
<b>Subtotal:</b>	<b>\$2,320.00</b>

\*\* The ultrasound procedure is usually only done on the first cycle to confirm insemination timing and is not a recurring monthly fee.

**The incurred costs estimated here are not guaranteed.** Individual variability often results in an unpredictable number of ultrasounds, blood tests and medication vials administered. Prices are based on our 2026 base fees. Fees are subject to change without notice.

I have read the information above and my questions were answered to my satisfaction. I agree to fees and procedures provided to me here at SRMS. Furthermore, I agree to be responsible for the payment of charges.

\_\_\_\_\_  
Woman's Signature

\_\_\_\_\_  
Woman's Name (print)

/ \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Partner's Signature  
(When applicable)

\_\_\_\_\_  
Partner's Name (print)  
(When applicable)

/ \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Office Personnel Signature

\_\_\_\_\_  
Office Personnel Name (print)

/ \_\_\_\_ / \_\_\_\_  
Date

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Practitioner's Name (print)

/ \_\_\_\_ / \_\_\_\_  
Date

Updated: 11/24/2025 CRS K:\docs\forms\Therapeutic Donor Insemination Price List.docx  
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