



## Price Estimate

Below you will find descriptions of some typical services and their associate fees at REACH. This IS NOT a quote for services but merely a guideline for your reference. These prices do not reflect any services that may be covered by your health insurance. Pricing may be subject to change with out notice.

### Pre-Cycle Testing:

***Estimated fees \$600 - \$800***

Refers to all of the testing/visits that occur before any treatment is initiated. This may include consultations, in-house bloodwork, and ultrasounds.

### Specific Diagnostic Tests:

These tests may or may not be needed in order to determine the best treatment plan for you. They are also often billed as infertility. Most insurances consider them diagnostic tests.

**HSG** (X-ray to determine the shape and openness of fallopian tubes)

***Estimated fees \$1050.00***

**Semen Analysis**

***Estimated fees \$200.00***

**Saline Ultrasound**

***Estimated fees \$1000.00***

**Outside bloodwork** (Billed directly by reference lab)

***Fees vary greatly***

ex: LabCorp, Reprosourc, Gentic testing

Despite all of our efforts, REACH may not know exactly how all tests are covered by your insurance. As an example, the reference lab that is used may be out of network with your insurance. Most of these vendors offer discounted rates in this event.

### Cycle Management Fees:

***between \$160 - \$700***

Refers to an administration fee that is non-billable to your insurance per treatment cycle.

This charge helps to defray the costs of your medical team to interper lab results and ultrasounds and to advise on next steps during your cycle. We charge this in place of office visits to help patients save on maximum limits with insurance.

### FACILITY FEES:

***between \$450 - \$675***

Facility fee for REACH operating room

### Treatments:

Below are prices for our basic treatment packages. Our package pricing includes all services related to treatment as well as any required bloodwork and/or ultrasounds (monitoring) visits during treatment. When a specific treatment plan is decided upon, your financial counselor will be able to prepare a formal estimate for you. Post Treatment Care and Anesthesia fees are not included.

**Ovulation Induction (OI)**

**\$800**

<b>Intrauterine Insemination (IUI)</b>	<b>\$1,500</b>
<b>In-Vitro Fertilization (IVF)</b>	<b>\$15,000</b>
<b>Frozen Embryo Transfer (FET)</b>	<b>\$3,900</b>
<b>Genetic Testing (per embryo)</b>	<b>\$265</b>
<b>Embryo Biopsy for Genetic testing (up to 5)</b>	<b>\$1,975</b>
<b>Fertility Preservation</b>	<b>\$8,000</b>
<b>Minimal Stimulation IVF</b>	<b>\$8,800</b>
<b>Egg Bank</b>	<b>\$25,000</b>
<b>Reciprocal Female</b>	<b>\$17,000</b>
<b>Egg Thaw</b>	<b>\$11,000</b>
<b>FET with Gestational Carrier</b>	<b>\$8,000</b>
<b>TESE</b>	<b>\$1,500</b>

### **Medications:**

Most of the treatment options will require medications that you will obtain from a specialty pharmacy either dictated by your insurance or recommended by your nurse. The cost of medications are determined by your pharmacy and *fees vary greatly upon treatment.*

### **Cryopreservation of Sperm and or Embryos:**

Often times we are able to preserve sperm, eggs and/or embryos for future use. This service incurs a one-time fee for initial preservation plus a monthly or yearly fee for storage.

<b>Embryo/Egg freezing</b>	<b>\$500</b>
<b>Sperm freezing</b>	<b>\$300</b>
<b>Storage per specimen type</b>	<b><i>\$70 per month or \$756 yearly</i></b>

### **Post-Cycle Costs:**

***Estimate fees \$800 - \$1200***

Refers to all of the testing/visits that occur after any treatment is completed to determine outcomes. This may include consultations, in-house lab work and ultrasounds. Coverage for these services is determined by your insurance carrier.