

Cooper Institute for Reproductive Hormonal Disorders, PC

Fee Schedule: IVF and Associated Procedures

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		Service Type + Description	Exclusions	Fee
IVF/FET PROCEDURES	IVF Procedure; Complete A complete IVF procedure including: egg retrieval, sperm preparation, embryo creation and development, and transfer.		Cycle Monitoring, Anesthesia, Cryopreservation, Embryo Storage, ICSI, Extended Culture, Medications	\$4,525.00
	IVF/Embryo Freezing; no transfer IVF procedure limited to: egg retrieval, embryo creation and development, and cryopreservation. No embryo transfer.		Cycle Monitoring, Anesthesia, Embryo Storage, ICSI, Extended Culture, Medications (Note: additional cryo fee applies for >10 embryos frozen)	\$3,320.00
	Frozen Embryo Transfer Procedure includes: embryo thaw, culture, and transfer.		Cycle Monitoring, Extended Culture, Re-Cryopreservation, Medications	\$3,350.00
	Oocyte Preservation/Egg Freezing Procedure includes: egg retrieval, egg culture, and cryopreservation.		Cycle Monitoring, Anesthesia, Oocyte Storage, Medications (Note: additional cryo fee applies for >10 oocytes frozen)	\$3,050.00
	Embryo Creation + Transfer (using frozen oocytes) Procedure includes: oocyte thaw, sperm preparation, ICSI, embryo creation and development, and transfer.		Cycle Monitoring, Cryopreservation, Embryo Storage, Extended Culture, Medications (Note: additional cryo fee applies for >10 embryos frozen)	\$4,400.00
	D/F			
PGT PROCEDURES	 IVF with Biopsy for PGT; no transfer IVF procedure limited to: egg retrieval, embryo creation, extended culture, biopsy (up to 5 embryos), and cryopreservation. No embryo transfer. PGT; Frozen (Non-Biopsied) Embryos; no transfer Procedure includes: embryo thaw, culture, assisted hatching, biopsy, re-cryopreservation. 		Cycle Monitoring, Anesthesia, Embryo Storage, ICSI, Embryo Transfer, Reference Lab Fees, Medications (Note: additional fee applies for >5 embryos biopsied) (Note: additional cryopreservation fee applies for >10 embryos frozen)	\$6,670.00
			Embryo Storage, Embryo Transfer, Reference Lab Fees (Note: additional fee applies for >5 embryos biopsied) (Note: additional cryo fee applies for >10 embryos frozen)	\$4,220.00
	Pro	Frozen (Non-Biopsied) Oocytes; no transfer cedure includes: oocyte thaw, sperm preparation, ICSI, embryo on and development, assisted hatching, biopsy, cryopreservation.	Embryo Storage, Embryo Transfer, Reference Lab Fees (Note: additional fee applies for >5 embryos biopsied) (Note: additional cryo fee applies for >10 embryos frozen)	\$6,945.00
		en Embryo Transfer; first FET post-PGT cycle quent FET cycles at standard pricing) Procedure includes: embryo thaw, culture, and transfer.	Cycle Monitoring, Medications, Extended Culture, Re-Cryopreservation	\$1,925.00

CRYOPRESERVATION RATES	FEE	СРТ	STORAGE RATES	FEE	СРТ
Embryo or Oocyte Cryopreservation (fee for freezing; storage is a separate charge)	\$420	89258/89337	Embryo/Oocyte Storage, Recurring Quarterly - requires a credit card be kept on file for automatic	\$150	N/A
Cryopreservation >10 oocytes (egg freezing)	\$420	89337	quarterly charges (every three months)	7-00	
Cryopreservation >10 embryos (PGT)	\$420	89258	Embryo Storage; annual pre-payment	\$500	89342
Embryo Re-Freezing (Post-FET)	\$300	89258	Oocyte Storage; annual pre-payment	\$500	89346

DISCONTINUED PROCEDURES	IVF Procedure Cancelled Immediately After Aspiration (usually inability to retrieve oocytes) Procedure includes: attempted egg retrieval.	Cycle Monitoring, Medications, Anesthesia	\$1,400.00	
	IVF Procedure Cancelled Due to No Fertilization; (no fertilization of oocytes) Procedure includes: egg retrieval, sperm preparation, insemination.	Cycle Monitoring, ICSI, Medications, Anesthesia	\$2,450.00	
	IVF Procedure Cancelled Due to No/Abnormal Growth; (no or abnormal growth of embryo(s)) Procedure includes: egg retrieval, embryo creation, and development.	Cycle Monitoring, ICSI, Medications, Anesthesia	\$2,775.00	
	Frozen Embryo Transfer Cancelled Prior to Transfer Procedure includes: thaw.	Cycle Monitoring, Medications	\$500.00	

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CONTACTING

Additional IVF-Related Services and Fees				
Description of Service	<u>CPT</u>	<u>Fee</u>		
Anesthesia for Oocyte Retrieval - Separate payment to DelVal Anesthesia - NOTE: Payment must be cash or money order	N/A	\$450		
ICSI (Intracytoplasmic Sperm Injection)	8928 X (0,1)	\$1100		
Assisted Hatching	89253	\$450		
Extended Culture	89272	\$400		
GM-CSF (per use)	N/A	\$250		
Sperm Aspiration Fee	N/A	\$540		
Cryopreservation / Semen - Includes first year of storage	89259	\$200		
Embryo Thaw (when done with fresh transfer)	89352	\$500		
Biopsy for PGT (up to 5 embryos) Biopsy for PGT (up to 10 embryos)	89290 89291	\$2200 \$3300		
ERA Testing + Specimen Collection	N/A	\$250		

DISCLAIMER: Cooper Institute has made a good faith effort to offer this fee schedule as an accurate representation of the most common IVF procedures performed at our office. This list is not exhaustive and does not include all services and fees. Patient fees will vary based on individual medical needs as determined by your physician. This fee schedule is subject to change at any time and at the sole discretion of Cooper Institute. This fee schedule should not be interpreted as medical advice and is not meant to diagnose or treat any condition.

Cycle Monitoring and Management Fees				
Description of Service	<u>CPT</u>	<u>Fee</u>		
Out-of-Town Monitoring (IVF Cycle) N/A \$280 - Applies only to those patients not having bloodwork and ultrasound performed in-house (fee is per cycle)				
Pregnancy Out-of-Town Monitoring	N/A	\$415		
Blood and Ultrasound Package (16 services) Ultrasound-Only Package (8 services) Blood-Only Package (8 services)	N/A N/A N/A	\$1600 \$800 \$800		

Cooper Institute is here to help

The Cooper Institute billing department is always available to answer your questions, help determine your insurance coverage and out-ofpocket expenses, or discuss financing options. Appointments: (856) 751-5575 Billing: (856) 810-7740 Billing Email: billing@ccivf.com General Information: info@ccivf.com

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