



# DONOR EGG REFUND PROGRAM

## “IN HOUSE” ARMS Donor

### Arizona Reproductive Medicine Specialists

**\$34,900**

**Included:**

**Donor Screening:**

- |  |                           |
|--|---------------------------|
| Physician Interview                              | Physical Exam             |
| Infectious disease screening                     | Drug Screening            |
| Ovarian Assessment Reserve testing               | Psychological evaluation  |
| FDA required repeat infectious disease screening | Counsyl Genetic Screening |

**Donor IVF Cycle:**

- Administrative Coordination costs
- All donor services
- All recipient services
- AH: Assisted Hatching
- Anesthesia
- Donor Insurance Policy
- Donor medications
- ICSI, Embryo biopsy procedure for PGS/PGD, Cryopreservation & Storage for first year
- Includes up to 3 Donor Stimulation cycles and all Frozen Embryo Transfers from embryos created from the stimulations until the first live birth. All subsequent treatments after the first live birth will be charged at the prevailing self-pay price or through insurance as applicable. If all these services are completed and there are no remaining embryos to transfer and there is no live birth then the entire price listed above will be refunded. ARMS may terminate the program at any time for any reason and refund the entire price listed above.

**Not included**

- Recipient medications
- Genetic lab fees for PGS or PGD
- Pre cycle Screenings for Recipient
- Recipient’s infectious disease screening and Pre cycle screenings (husband and wife)
- Obstetrical Ultrasounds (covered by insurance if you have OB coverage and our office is contracted with your insurance company).
- \* Storage after the first 6 months.

**Qualifications**

Normal HSG, Hysteroscopy, and no history of recurrent pregnancy loss, implantation failure or significant medical illness as determined by ARMS physician.

This program is for self-pay, non-insurance patients only. Payment by cash, check, cashier’s check, credit card or may be financed. We charge a processing fee for any transaction other than cash, check or credit card.

I agree to and accept the terms and payment requirements of the Donor Egg Refund Program (In-House ARMS Donor) program.

\_\_\_\_\_  
Patient Name (s)

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Patient Signature (s)

\_\_\_\_\_  
Dated