

**NASHVILLE FERTILITY CENTER
IN-VITRO FERTILIZATION FINANCIAL AGREEMENT**

Nashville Fertility Center	3100.00
IVF Labs of Nashville	3700.00
Middle TN ASC	<u>2450.00</u>
Total Flat Rate Fee	9250.00

Nashville Fertility Center is dedicated to providing state of the art assisted reproductive technologies at an affordable cost to the patient. For patients who do not have IVF coverage we have developed an IVF flat rate fee package. Patients that have IVF treatment/creation insurance coverage are excluded from participating.

The IVF process not only requires the services of the physicians of **Nashville Fertility Center**, but also laboratory services provided by **IVF Labs of Nashville**, and facility services for the egg retrieval and embryo transfer provided by **Middle TN Ambulatory Surgery Center**. **The flat rate IVF cycle starts at the time of your suppression check and concludes once the serum progesterone is obtained after your embryo transfer. Other services before or after these two events are excluded.**

1. **Nashville Fertility Center** services include: a comprehensive exam, history and physical, ultrasounds, office visits during monitoring, physician services for egg retrieval and embryo transfer. If your cycle is cancelled, you will be billed for services rendered to date, minus a 10% courtesy discount. If needed, a post IVF consult within 2 months of pregnancy test.
2. **IVF Labs of Nashville** services include: blood tests to monitor your hormonal levels of estradiol and progesterone, oocyte (egg) identification, semen processing, fertilization of the eggs, embryo freezing, assisted hatching (if indicated).
3. **Middle TN Ambulatory Surgery Center** services include: operating room fees for egg retrieval and embryo transfer and anesthesia fees for egg retrieval.

EXCLUDED SERVICES

Only the services listed above are included in the IVF flat rate fee package. Costs that are excluded from the flat rate package include, but are not limited to, the following:

IVF Class, IVF Pre-Screening Tests, Endometrial Biopsies, Neupogen Injection, Sperm Freeze for IVF Back-Up, thawing of sperm. Sperm Penetration Assays, Surgical Sperm Retrieval, Medications, OB Ultrasounds, Psychological Screening and/or Testing, Donor Sperm, Donor Eggs, Surrogacy Services, any complication related to the IVF process such as Hyper-stimulation, Pregnancy Complications, Miscarriage or Ectopic Pregnancy, Pregnancy Tests, Frozen Embryo Transfer Cycle, and Ambry Genetic services.

Other services that are commonly performed, but excluded from the flat rate fee package, are: Intracytoplasmic Sperm Injection and Comprehensive Chromosomal Screening for 24 chromosomes.

My signature below indicates that I do not have treatment/creation coverage for In-Vitro fertilization. By enrolling in this package plan, I understand that claims will not be filed to my insurance company. I understand that all outstanding account balances must be paid prior to beginning my IVF cycle. I understand that all fees must be paid prior to receiving a plan.

Patient _____ Date _____

Partner _____ Date _____

Effective 1/1/17