

757 Maleta Lane, Suite 104 • Castle Rock, CO 80108 Phone: 720-733-0184 Fax: 720-733-2433 www.donatedeggs.com

Gestational Carrier Program: Fee Schedule

Agency Fees	• First Agency Installment (Non-refundable. Due upon retention of services)	\$16,500
	• Second Agency Installment (Due upon execution of surrogacy contract)	\$6,000
	Escrow Maintenance/Management Fee	\$2,000
	Agency Fee Total	\$24,500
Psychological & Medical	• Coordination of match meeting between all parties (Skype or in person)	\$500
Screening Fees	Coordination of medical screening per clinic protocol	Included in Agency Fee
	 Psychological screening of GC (and partner if applicable), Intended Parent Consultation and Joint Session with IPs & GC. Includes MMPI (or PAI) assessment of GC. (Performed by licensed psychologist or LSW specializing in third party reproduction). 	\$2,000
	Home Visit & Evaluation of GC Performed by licensed psychologist (Optional)	Varies by State
	• On-going monthly support for all parties	Included in Agency Fee
	• Advance on Carrier's travel expenses for screening	\$2,500
	• Cycle Evaluation Fee Paid to GC upon medical & psychological clearance from IVF Clinic	\$500
	Coordination Screening Fee Total:	\$5,500
Legal Fees	Surrogacy contract origination and advisement for Intended Parents and Surrogate	
	Legal Fees Total:	\$5,200
Discounts (If applicable)	• Clients booking an egg donor through AEM will receive a discount off our surrogate agency fee	(\$2,000)
	Military & First Responder Discount	(10%)
Total Due Upon l	\$35,200	



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Page 1 of 4

<u>Gestational</u> Carrier Fees	Medication Start Fee (Lupron or similar) Paid when GC starts meds	\$300
	• Embryo Transfer Fee (\$500 each additional ET)	\$750
	• Fetal Heartbeat Confirmation # 1	\$300
	• Fetal Heartbeat Confirmation # 2	\$500
	 GC Base Compensation \$3,000 paid monthly after 2nd fetal heartbeat confirmation. Remaining balance paid after delivery. (Experienced Surrogates: increase compensation \$5,000 for each additional pregnancy) 	\$35,000
	• GC Stipend Fee \$200 paid the 1st of every month upon receipt of signed contract by all parties. (Estimated over 15 mos. Stipend covers miscellaneous expenses.)	\$3,000
	• Maternity Clothing Stipend Paid in one lump sum – timeline based on contract terms (\$250 additional at 24 weeks if carrying multiples)	\$750
	First Time Carrier Fee:	\$40,600
	First Time Carrier Fee:	<i>\$</i> 4 0,000
Additional	GC Insurance review	\$300
<u>Insurance</u> Expenses to		·
<u>Insurance</u> Expenses to	 GC Insurance review Maternity Insurance (IPs are responsible for all co pays, deductibles and premiums even if GC has own insurance) 	\$300
Additional Insurance Expenses to Consider	 GC Insurance review Maternity Insurance (IPs are responsible for all co pays, deductibles and premiums even if GC has own insurance) (Plan provided by New Life Agency-www.newlifeagency.com) Surrogate Supplemental Life Insurance 	\$300 \$0-\$37,000

Escrow Balance Due Prior to Med Start: All domestic surrogacy cycles require \$90,000 escrow.

\$90,000 (\$35,200) \$54,800

IP#1 _____ IP#2 _____

GC_____

Agency _____



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Page 2 of 4

Variable	GC Monthly Support Group Fee to Counselor	\$1,350
Expenses	(\$135/session estimated at 10 sessions)	. ,
(if applicable)	• GC Monthly Support Group Stipend \$60/session estimated at 10 sessions (1 st time GC requirement only)	\$600
	• Supplying Breast Milk (if applicable) (Does not include cost of pump, shipping supplies, storage, etc)	\$200/wk to GC
	 Supplying Breast Milk – GC hold fee (90 days) * Payable to agency 	\$250/month
	 Surrogate hold fee (90 days) * Payable to agency 	\$250/month
	Dropped or Mock cycle	\$600
	 (\$300 for each additional mock cycle ordered) Estimated Travel fee for out of state GC's 	\$4,000-\$6,000
	• Housekeeping Stipend (Begins at 20 weeks' gestation through 3 weeks' post-partum or 6 weeks' post-partum for C-section)	\$1,000
	GC/Spousal Lost Wages (if applicable)	Variable
	• Acupuncture (Data supports increased implantation rates; IP's will decide if service is desired)	Variable
	Prenatal massage	Variable
	Prenatal Yoga	Variable
	Chiropractic Services	Variable
	• Registered Dietician (If ordered by IVF or OB Dr.)	Variable
	• Personal Doula (birth coach) or Childbirth class	Variable
	Amniocentesis or CVS (Chorionic Villus Sampling)	\$500
	• Each additional Amniocentesis or CVS	\$250
	Cerclage (Stitching unfavorable cervix closed)	\$500
	Cesarean Section	\$3,000
	Cancellation of cycle by IVF clinic post Lupron start	\$200
	Cancellation of Cycle by IPs for non-medical reasons	\$500
	Termination of pregnancy	\$750
	• D & C	\$500
	Ectopic Pregnancy	\$500
	• Ectopic Pregnancy and loss of tube(s)	\$1,000
	Selective Reduction	\$750
	• Multiple Birth Compensation (Twins)	\$5,000
	• Multiple Birth Compensation (Triplets)	\$7,000
	• Multiple Birth Compensation (Quads)	\$9,000
	• Uterine Extraction deemed medically necessary (Up to 12 weeks' post-partum)	\$5,000
	• Loss of any other reproductive organ(s)	\$3,000

 IP#1 _____
 IP#2 _____
 GC _____

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Agency _____

Page **3** of **4**

Gestational Carrier Program: Fee Schedule

The cost of your cycle could be higher or lower than quoted based on variable expenses, this is an estimate only. This information is provided for budgeting purposes, you also need to consider clinic and medication costs which will differ from state to state and are not included or quoted in this fee schedule. Complications (e.g., poor egg response to stimulation meds, high-risk pregnancies, multiple births, etc...) will add to your expenses. Any additional unique expenses incurred by AEM on behalf of the Egg Donor, Gestational Carrier or Intended Parents are to be reimbursed by the Intended Parent's escrow account upon receipt.

Your escrow account will be funded initially in two installments: \$35,200 upon retention of agency services and the balance after the contract has been signed by both parties and prior to your surrogate's med start. All domestic surrogacy cycles require \$90,000 escrow. Additional deposits to the escrow may be required depending upon the amount of medical insurance and/or other related expenses incurred during the surrogacy cycle.

Any unused funds will be reimbursed once all medical bills have been satisfied. Please note, the timeline for reimbursements is determined based on insurance requirements and could take up to 6-12 months.

Fees are quoted as of March, 2017 and are subject to change without prior notice.

Payment Options

Pay by check:	Make checks payable to: An Eggceptional Match, LLC
Bank Wire (preferred option for agency)	Make wire payable to An Eggceptional Match, LLC Compass Bank 568 Castle Pines Parkway Castle Rock, CO 80108 303-217-2210 Routing Number: 107005319 Account Number: 6738590986

Signatures of Agreed Parties

Intended Parent #1

Intended Parent #2

Surrogate

Date

Date

Date

An Eggceptional Match, LLC

Date



Page 4 of 4