

Gestational Carrier Program Fee Schedule

<u>Agency Retainer</u>	Funds for allowable reimbursements to GC for out of pocket expenses during screening. Remaining funds to be credited to escrow account, less \$1,500 matching and administrative fee.	\$3,000	<i>Due at GC booking to begin screening</i>
-------------------------------	---	----------------	---

<u>Psychological & Medical Screening Fees</u>	<ul style="list-style-type: none"> • Coordination of medical screening per clinic protocol of up to 2 GC's. • Psychological screening of up to 2 GC's (and partner if applicable). Includes: coordination of initial phone consultation between GC and IPs, psychological interview, MMPI (or PAI) assessment, home visit, and background check performed by licensed psychologist or LSW specializing in third party reproduction. • Coordination of match meeting between all parties (Skype or in person) • On-going monthly support for all parties 		
	Coordination Screening Fee Total: <i>(\$1800 discount applies if GC has updated psych screening or performed outside of AEM network)</i>	\$5,500	<i>Due after clinical approval of GC's profile and prior medical records.</i>
	<i>** If out-of-state GC, 50% of first Agency Fee & signed Agency Agreement is due prior to travel.</i>		

<u>Agency Fees</u>	<ul style="list-style-type: none"> • First Agency Installment • Escrow Maintenance Fee • Second Agency Installment 	<p>\$15,500</p> <p>\$1,500</p> <p>\$5,000</p>	<p><i>Due after clinical approval and prior to contract initiation. (non-refundable)</i></p> <p><i>Due with 1st Agency Installment</i></p> <p><i>Due upon <u>two</u> fetal heartbeat confirmations</i></p>
	Agency Fee Total <i>(Clients booking an egg donor through AEM will receive a \$2,000 discount off our donor program fee)</i>	\$22,000	

IM _____ IF _____ Surrogate _____ Agency _____

<u>Gestational Carrier Fees</u>	<u>GC Payment Structure:</u>		
	• Cycle Evaluation Fee <i>Expense reimbursements for mileage, childcare, lost wages, valet, parking, tolls, etc paid at this time in addition to the Eval. Fee</i>	\$500	<i>Paid to GC upon medical & psychological clearance from IVF clinic</i>
	• Medication Start Fee (Lupron or similar)	\$300	<i>Paid when GC starts meds</i>
	• Embryo Transfer Fee <i>(\$500 each additional ET)</i>	\$750	
	• Fetal Heartbeat Confirmation # 1	\$300	
	• Fetal Heartbeat Confirmation # 2	\$500	
	• GC Base Compensation <i>(Experienced Surrogates: increase compensation \$5,000 for each additional pregnancy)</i>	\$30,000	<i>\$3,000 paid monthly after 2nd fetal heartbeat confirmation. Remaining balance paid after delivery.</i>
	• GC Stipend Fee <i>(Estimated over 15 mos. Stipend covers miscellaneous expenses.)</i>	\$3,000	<i>\$200 paid the 1st of every month upon receipt of signed contracts by all parties.</i>
	• Maternity Clothing Stipend <i>(\$250 additional at 24 weeks if carrying multiples)</i>	\$750	<i>Paid in one lump sum – timeline based on contract terms</i>
	First Time GC Carrier Fee Total:	\$36,100	

<u>Estimated Legal Fees</u>	• Intended Parent surrogacy contract origination and advisement	\$2,500	
	• Surrogate contract review and advisement	\$2,000	
	• Pre-birth order origination, filing fees and related costs	\$2,250	
	Legal Fees Total:	\$6,750	<i>(Varies by state)</i>

<u>Additional Insurance Expenses to Consider</u>	• GC Insurance review	\$300	
	• Maternity Insurance <i>(Plan provided by New Life Agency-www.newlifeagency.com) (IPs are responsible for all co pays, deductibles and premiums even if GC has own insurance)</i>	\$0-\$37,000	
	• Surrogate Supplemental Life Insurance <i>(Plan provided by New Life Agency-www.newlifeagency.com)</i>	\$395-\$790	
	• Backup Plan 3000 <i>(Plan provided by New Life Agency-www.newlifeagency.com)</i>	\$3,000	

IM _____ IF _____ Surrogate _____ Agency _____

<u>Variable Expenses to Gestational Carrier</u> (if applicable)		
• GC Monthly Support Group Fee to Counselor <i>(\$135/session estimated at 10 sessions)</i>		\$1,350
• GC Monthly Support Group Stipend <i>\$60 per session estimated at 10 sessions-1st time GC requirement only)</i>		\$600
• Supplying Breast Milk (if applicable) <i>(Does not include cost of pump, shipping supplies, storage, etc....)</i>		\$200/wk
• Dropped or Mock cycle <i>(\$300 for each additional mock cycle ordered)</i>		\$600
• Estimated Travel fee for out of state GC's		\$4,000-\$6,000
• Housekeeping Stipend <i>(Begins at 20 weeks' gestation through 3 weeks' post-partum or 6 weeks' post-partum for C-section)</i>		\$1,000
• GC/Spousal Lost Wages (if applicable)		Variable
• Acupuncture <i>(Data supports increased implantation rates; IP's will decide if service is desired)</i>		Variable
• Prenatal massage		Variable
• Prenatal Yoga		Variable
• Chiropractic Services		Variable
• Registered Dietician <i>(If ordered by IVF or OB Dr.)</i>		Variable
• Personal Doula (birth coach) or Childbirth class		Variable
• Amniocentesis or CVS (Chorionic Villus Sampling)		\$500
• Each additional Amniocentesis or CVS		\$250
• Cerclage <i>(Stitching unfavorable cervix closed)</i>		\$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 <i>(Up to 12 weeks' post-partum)</i>		\$5,000
• Loss of any other reproductive organ(s)		\$3,000

IM _____

IF _____

Surrogate _____

Agency _____



Gestational Carrier Program: Fee Schedule

Please keep in mind the amounts listed above are ***estimates only!*** The cost of your cycle could be higher or lower than quoted. This information is provided for budgeting purposes only. 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....) are likely and will add to your expenses. Any fees incurred by AEM on behalf of the Egg Donor, Gestational Carrier or Intended Parents are to be reimbursed by the Intended Parents in a timely manner.

The opening balance for trust set-up requires funding in the amount of **\$90,000** for domestic cycles. The escrow estimates can be more accurately quoted once you have chosen your surrogate. Escrow must be satisfied in full once your chosen surrogate has been medically cleared and the Agency Agreement is signed. Additional deposits to the escrow may be required depending upon the amount of medical insurance and/or other related expenses that may be 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.

The retainer is utilized to pay for travel expenses on behalf of your GC during her screening. Any unused funds will be refunded minus a \$1,500 retainer should your GC not pass her screening. Upon approval however, the unused funds will be credited to your escrow. The \$1,500 retainer is transferable to additional surrogates until clinical approval is achieved.

Fees are quoted as of January, 2016 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: 2508452600

Signatures of Agreed Parties

_____	_____
Intended Parent #1	Date
_____	_____
Intended Parent #2	Date
_____	_____
Gestational Carrier	Date
_____	_____
An Eggceptional Match, LLC	Date