

Egg Donor Program - Fee Schedule For:

Intended Parents:

Donor: #

30 Minute Consultation & Profile Viewing	No Charge
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Agency Retainer	<ul style="list-style-type: none"> • Agency Retainer (Non-refundable) \$500 <ul style="list-style-type: none"> ◦ Contact donor to begin coordination ◦ Transfer donor profile and applicable medical records to clinic ◦ Retained services provided for 12 months, unlimited donor profile submissions
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International Agency Fee (where applicable) <i>Included translation fees for Agency Agreement</i>	\$5,000	<i>Due upon signing Agency Agreement (non refundable)</i>
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Agency Fees	<ul style="list-style-type: none"> • Agency & Escrow Maintenance Fee \$7,000 <ul style="list-style-type: none"> ◦ Schedule donor's initial medical & psychological testing with Intended Parent(s)' clinic ◦ Follow-up for donor test results ◦ Travel Coordination ◦ Cycle Coordination ◦ Legal contract initiation & management ◦ Re-matching for up to 12 months provided until contract execution (<i>no additional charge</i>) <p style="text-align: center;"><i>*non-refundable.</i></p>
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Additional Agency Fees	<ul style="list-style-type: none"> • Skype/In-Person conference fee with Intended Parent(s) and Donor \$250 <i>(if applicable)</i>
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Psychological Evaluation	<ul style="list-style-type: none"> • Psychological Evaluation *\$600 <i>(if applicable)</i> • MMPI or PAI <i>*Colorado quoted. Actual fees vary by state</i>
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Estimated Legal Fees	<ul style="list-style-type: none"> • Drafting and execution of Intended Parent/Egg Donor Contract, legal counseling, and advisement. \$2,000 <i>*Subject to change based on attorney choice and location.</i> <p style="text-align: center;"><i>Your Oocyte Donation Agreement (ODA) will be prepared by one of our referred attorneys on your behalf. Your donor will have separate representation from different firms so no conflict of interest will be of concern. If you have an attorney you would like to utilize who specializes in Reproductive Law, please let us know immediately.</i></p>
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IP#1 _____ IP#2 _____ Agency _____

<u>Estimated Donor Compensation</u>	<ul style="list-style-type: none"> Industry Standard Recommendation: \$6,000 - \$10,000+ <i>(Donor compensation based on donor experience)</i>
	<p><i>Missed wages, travel expenses, communication expenses, gasoline, and childcare are not included in donor compensation.</i></p> <hr/> <p>Donor Compensation Total: \$6,000 - \$10,000+</p>

<u>Donor Supplemental Insurance</u>	<p><i>(Plan provided by New Life Agency www.newlifeagency.com)</i></p> <p>\$505</p> <p><i>**Includes processing fee charged to An Eggceptional Match For purchase**</i></p>
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<u>Travel & Outside Monitoring Fees</u> <i>(If applicable)</i>	<ul style="list-style-type: none"> Distance of travel will affect fees \$500 - \$6,000 <i>Varies by location & IVF clinic's protocol</i> Intended Parents are responsible for donor & companion airfare, all ground transportation, tips, parking, tolls, lodging, phone/internet expenses, and food per diem.
	<ul style="list-style-type: none"> Outside monitoring expenses. Agency will obtain quote for budgeting purposes. Clinic fees will be paid by Intended Parent's credit card on file with AEM. Variable <i>Agency will obtain quote from clinic based on IVF clinic's cycle protocol.</i> <hr/> <p>Travel & Outside Monitoring Total: Variable</p>

<u>Clinic & Pharmaceutical Fees</u>	<ul style="list-style-type: none"> Any and all medical and pharmaceutical expenses incurred are the responsibility of the Intended Parent(s) and paid to the provider directly. Variable <i>Contact your clinic directly for pricing</i> <hr/> <p>Clinic & Pharmaceutical Fees: Variable</p>
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IP#1 _____

IP#2 _____

Agency _____

