

## Gestational Carrier Program: Fee Schedule

Intended Parent's First Names: \_\_\_\_\_

Gestational Carrier's First Name: \_\_\_\_\_

<p><b><u>Retainer</u></b>  <i>(Fee is separate from your escrow account)</i></p>	<ul style="list-style-type: none"> <li>• <b>Coordination of Conference Call</b>  <i>This retainer is non-refundable and is due upon initiation of match. This retainer allows us to coordinate and facilitate a conference call as well as places a hold on the desired carrier candidate for clinical record review.</i></li> </ul>	<p><b>\$500.00</b></p>
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<p><b><u>Match Meeting Retainer</u></b>  <i>(Fee is separate from your escrow account)</i></p>	<ul style="list-style-type: none"> <li>• <b>Coordination of Match Meeting</b>  <i>This non-refundable retainer will be due within 48 hours of clinical approval to hold your prospective match. Upon receipt of this retainer we will coordinate the match meeting.</i></li> </ul>	<p><b>\$500.00</b></p>
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<p><b><u>Agency Fees</u></b>  <i>(Obligations and responsibilities of the agency are outlined in the Agency Agreement)</i></p>	<ul style="list-style-type: none"> <li>• <b>First Agency Installment</b>  <i>Agency to coordinate clinical approval, psychological screening, background investigations, manage pre-contract escrow distributions            (Non-refundable. Due upon retention of services with signed Agency Agreement)</i></li> </ul>	<p><b>\$16,000.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Second Agency Installment</b>  <i>Coordinate legal representation for all parties, advise and assist with insurance procurement, manage pre-contract escrow and distributions, carrier travel, begin cycle coordination with clinic, collaborate with outside escrow management, manage and coordinate cycle related expenses, counsel for parties for a period of 6-12 months post-partum            (Non-Refundable. Due upon execution of Intended Parent/GC contract)</i></li> </ul>	<p><b>\$12,000.00</b></p>
	<b>Domestic Agency Fee Total</b>	<b>\$28,000.00</b>

<p><b><u>Escrow Management Fee</u></b></p>	<ul style="list-style-type: none"> <li>• \$500.00 is due upon retention of services with signed Agency Agreement</li> <li>• \$1,000.00 is due upon execution of Intended Parent/GC contract.</li> </ul>	<p><b>*\$1,500.00</b></p>
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<p><b><u>Fees paid from escrow</u></b>  <i>(Due upon retention of services with signed Agency documents. A \$500.00 fee will be paid directly to AEM for coordination of the following.)</i></p>	<ul style="list-style-type: none"> <li>• <b>Psychological screening of carrier and partner (if applicable)</b>  <i>Consultation includes MMPI or PAI and assessment of GC. Performed by a licensed psychologist or LSW specializing in third party reproduction</i></li> </ul>	<p><b>\$1,000.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Advance on carrier's travel expenses for screening</b>  <i>Airfare cost, hotel cost, and travel/food per diem for out of state cycles, prescription medication reimbursement, and mileage reimbursement to/from appointments, missed wages for the work up appointment.</i></li> </ul>	<p><b>\$3,000.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Carrier's cycle evaluation stipend</b></li> </ul>	<p><b>\$500.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Background investigations</b>  <i>National, Bankruptcy, and criminal for the Intended parents, Gestational Carrier, and Carrier's husband.</i></li> </ul>	<p><b>\$100.00</b></p>
	<ul style="list-style-type: none"> <li>• <b>Carrier insurance review</b>  <i>Portion paid directly to AEM for collecting and facilitating document review</i></li> </ul>	<p><b>\$600.00</b></p>
<b>Associated Professional Fees and Expense Estimate</b>		<b>\$5,200.00</b>

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

Agency: \_\_\_\_\_

<b>Legal Fees</b> <i>(Due upon retention of services with signed Agency documents)</i>	<ul style="list-style-type: none"> <li>• Intended Parents Gestational Carrier Contract Origination and advisement, carrier contract review and advisement <b>\$5,200.00</b></li> <li>• Pre-Birth Order Origination, Filing Fees, and Related Costs <b>\$3,000.00</b>  <i>(*Prices subject to change)</i></li> </ul>
	<b>Domestic Legal Fee Estimate <span style="float: right;">\$8,200.00</span></b>

<b><u>Gestational Carrier Fees</u></b>	<ul style="list-style-type: none"> <li>• <b>Medication Start Stipend</b> <b>\$500.00</b>  <i>Lupron or similar, paid when the Carrier begins her injectable medication.</i></li> <li>• <b>Embryo Transfer Fee for Each Completed Embryo Transfer Cycle:</b> <b>\$1,500.00</b>  <i>Covers lost wages and childcare until confirmation of pregnancy by heartbeat</i></li> <li>• <b>Fetal Heartbeat Confirmation #2</b> <b>\$1,000.00</b></li> <li>• <b>Gestational Carrier Compensation</b> <b>\$40,000.00+</b>  <i>Distributed over 10 monthly payments paid after the 2<sup>nd</sup> heartbeat confirmation. (Average range for carrier compensation: \$40,000.00-\$58,000)</i></li> <li>• <b>Carrier Stipend</b> <b>\$3,000.00</b>  <i>\$200 paid on the 1<sup>st</sup> of every month upon execution of GC agreement. Stipend covers miscellaneous expenses and is paid until 1-month post-partum or 1-month post wean if pumping.</i></li> <li>• <b>Maternity Clothing Stipend</b> <b>\$750.00</b>  <i>Paid at 15 weeks gestation.</i></li> <li>• <b>Carrier Supplemental Life Insurance</b> <b>Up to \$1,080.00*</b>  <i>\$500,000 minimum. IPs are responsible until 2 months after normal delivery, 4 months after delivery if complicated pregnancy or delivery.            *Plan provided by New Life Agency or ART Risk upon confirmation of heartbeat, pricing is subject to change</i></li> </ul>
	<b>Gestational Carrier Fee Estimate: <span style="float: right;">\$47,830.00+</span></b>

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

Agency: \_\_\_\_\_

## Gestational Carrier Program: Fee Schedule

The following fees will need to be allotted for outside of your escrow account.

<p><b><u>Variable Insurance Expenses</u></b></p> <p><i>You will be put in contact with an insurance broker independently to retain insurance as needed.</i></p>	<ul style="list-style-type: none"> <li> <p><b>Maternity Insurance</b>  <i>IPs are responsible for all co pays, deductibles, and premiums even if Carrier has her own insurance</i></p> </li> </ul>	<p><b>Up to \$37,000.00</b></p>
	<ul style="list-style-type: none"> <li> <p><b>Contingency Plan</b>  <i>*Plan provided by New Life Agency or ART Risk, pricing is subject to change</i></p> </li> </ul>	<p><b>\$3,000.00*</b></p>

<b><u>Clinical Fees</u></b>	<p>This information is provided for budgeting purposes only, please note that clinical and medication costs which will differ from state to state and are <u>not</u> included within your escrow account with SeedTrust.</p>	<b>Varies by clinic</b>
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IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

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<u>Variable Expenses</u>		
<p><i>These fees will need to be allotted for outside of your escrow account.</i></p>	• <b>Carrier Monthly Support Group Fee to Counselor</b>	<b>\$2,025.00</b>
	<i>\$135/session estimated at 15 sessions</i>	
	• <b>Carrier Monthly Support Group Stipend</b>	<b>\$900.00</b>
	<i>\$60/session estimated at 15 sessions (1<sup>st</sup> time CARRIER requirement only)</i>	
	• <b>Supplying Breast Milk (if applicable)</b>	<b>\$300.00/week to Carrier</b>
	<i>Pro-rated from last payment to date d/c'd. Does not include cost of pump, shipping supplies, (2) nursing bra's, storage, etc....</i>	
	• <b>Supplying Breast Milk – Carrier hold fee * Payable to agency</b>	<b>\$250.00/month</b>
	• <b>Gestational Carrier hold fee * Payable to agency</b>	<b>\$250.00/month</b>
	• <b>Endometrial Receptivity Analysis/Mock Cycle</b>	<b>\$500.00</b>
	<i>\$300 for each additional mock cycle ordered</i>	
	• <b>Dropped Cycle</b>	<b>\$500.00</b>
	• <b>Estimated Travel fee for out of state Carrier's</b>	<b>Up to \$6,000.00</b>
	• <b>Housekeeping Stipend</b>	<b>\$100.00/week</b>
	<i>Only if carrier is placed on bedrest or reduced activities or starting at 28 weeks. Reimbursed if GC provides receipt</i>	
	• <b>Childcare</b>	<b>\$100.00/day</b>
	<i>Only if on Bedrest or Restriction of Activities, only for supplemental childcare above and beyond what GC already pays for. Begins at 20 weeks' gestation through 3 weeks' post-partum or 6 weeks' post-partum for C-section.</i>	
	• <b>Carrier's Lost Wages</b>	<b>Variable</b>
	<i>Actual gross lost wages at the time of loss. For up to 3 weeks after vaginal delivery and up to 6 weeks after c-section. Total lost wages capped at 12 weeks. 3 most recent paystubs must be provided to estimate lost wages.</i>	
	• <b>Spouse's/Partner's Lost Wages (if applicable, negotiated maximum)</b>	<b>Variable</b>
	<i>Actual gross lost wages for total of ten days during term of Agreement to care for GC and children.</i>	
• <b>Acupuncture</b>	<b>Variable</b>	
<i>Data supports increased implantation rates; IP's will decide if service is desired</i>		
• <b>Prenatal massage</b>	<b>Variable</b>	
• <b>Prenatal Yoga</b>	<b>Variable</b>	
• <b>Chiropractic Services</b>	<b>Variable</b>	
• <b>Registered Dietician</b>	<b>Variable</b>	
<i>If ordered by IVF or OB Dr.</i>		
• <b>Personal Doula (birth coach) or Childbirth class</b>	<b>Variable</b>	
• <b>Amniocentesis or CVS (Chorionic Villus Sampling)(per fetal sac)</b>	<b>\$500.00</b>	
• <b>Each additional Amniocentesis or CVS</b>	<b>\$500.00</b>	
• <b>Cerclage (Stitching unfavorable cervix closed)</b>	<b>\$500.00</b>	
• <b>Cesarean Section or any other Open Surgical Procedure related to any complication of pregnancy or delivery up to 3 months following delivery</b>	<b>\$2,500.00</b>	

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

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<u>Variable Expenses</u>		<b>\$500/transfusion</b>
<p><b>(Cont.)</b></p> <p><i>These fees will need to be allotted for outside of your escrow account.</i></p>	<ul style="list-style-type: none"> <li>• <b>Blood Transfusion</b> <i>\$500 per unit transfused, capped at \$1,500</i></li> </ul>	
	<ul style="list-style-type: none"> <li>• <b>Cancellation of Cycle by IPs for non-medical reasons</b></li> </ul>	<b>\$500.00</b>
	<ul style="list-style-type: none"> <li>• <b>Termination of pregnancy</b></li> </ul>	<b>\$1,000.00</b>
	<ul style="list-style-type: none"> <li>• <b>D &amp; C or D&amp;E (1<sup>st</sup> trimester)</b></li> </ul>	<b>\$750.00</b>
	<ul style="list-style-type: none"> <li>• <b>D &amp; C or D&amp;E (2<sup>nd</sup> trimester)</b></li> </ul>	<b>\$1,000.00</b>
	<ul style="list-style-type: none"> <li>• <b>Ectopic Pregnancy Medical Treatment</b></li> </ul>	<b>\$500.00</b>
	<ul style="list-style-type: none"> <li>• <b>Ectopic Pregnancy Laparoscopic Surgical Repair</b></li> </ul>	<b>\$1,200.00</b>
	<ul style="list-style-type: none"> <li>• <b>Ectopic Pregnancy Open Surgical Repair</b></li> </ul>	<b>\$2,500.00</b>
	<ul style="list-style-type: none"> <li>• <b>Selective Reduction (per fetus)</b></li> </ul>	<b>\$750.00</b>
	<ul style="list-style-type: none"> <li>• <b>Removal of uterine polyps</b> <i>(For polyps diagnosed during medical screening)</i></li> </ul>	<b>\$500.00</b> <i>(with anesthesia \$1,000)</i>
	<ul style="list-style-type: none"> <li>• <b>Loss of Fetal Heartbeat with Labor Induction</b></li> </ul>	<b>\$2,000.00</b>
	<ul style="list-style-type: none"> <li>• <b>Multiple Birth Compensation</b></li> </ul>	<b>\$7,000.00/ fetus</b>
	<ul style="list-style-type: none"> <li>• <b>Loss of Reproductive Organs:</b> <i>IP's may purchase "organ loss insurance" to cover such loss risk.</i></li> </ul>	
	<ul style="list-style-type: none"> <li>• <i>Loss of each ovary regardless of loss of fallopian tube with that ovary.</i></li> </ul>	<b>\$2,500.00</b>
	<ul style="list-style-type: none"> <li>• <i>Up to 12 weeks' post-partum \$5,000 for loss of uterus (partial hysterectomy, or loss of uterus but not cervix), or loss of uterine function</i></li> </ul>	<b>\$5,000.00</b>
	<ul style="list-style-type: none"> <li>• <i>Loss of uterus and cervix</i></li> </ul>	<b>\$7,500.00</b>
<ul style="list-style-type: none"> <li>• <i>Complete hysterectomy: loss of uterus, cervix, both ovaries</i></li> </ul>	<b>\$10,000.00</b>	

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

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## Gestational Carrier Program: Fee Schedule

<p><b><u>Discounts</u></b>  (If applicable)</p>	<ul style="list-style-type: none"> <li>• <b>Dual service discount: Clients booking an egg donor and Gestational Carrier through AEM will receive discount off your Gestational Carrier Fee Agreement</b> <span style="float: right;"><b>(\$2,000.00)</b></span></li> <li>• <b>Active Duty Military &amp; First Responder Discount</b> <span style="float: right;"><b>(10%) Off of Agency Fees</b></span></li> <li>• <b>Sibling Project</b> <span style="float: right;"><b>(15%) Off of Agency Fees</b></span></li> </ul>
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<p><b><u>Re-matching</u></b>  (AEM is not obligated to assist IPs in locating and selecting an additional Carrier after the Gestational Carrier Agreement is completed. If such a request is made of AEM the following fees will apply.)</p>	<ul style="list-style-type: none"> <li>• <b>Domestic Legal</b> <span style="float: right;"><b>\$5,200.00</b></span></li> <li>• <b>Travel</b> <span style="float: right;"><b>\$1,000.00</b></span> (Advance on Carrier's travel expenses for screening)</li> <li>• <b>Agency Fee</b> <span style="float: right;"><b>\$7,500.00</b></span> (Agency to coordinate clinical approval, psychological screening, background investigations. Non-refundable. Due upon retention of services with signed Agency Agreement)</li> </ul>
<b>Domestic Re-Matching Fee</b>	
<b>\$13,700.00</b>	

IP1: \_\_\_\_\_

IP 2: \_\_\_\_\_

GC: \_\_\_\_\_

Agency: \_\_\_\_\_