

Gestational Carrier Program: Fee Estimate

The fees outlined below are estimates and may vary based on the specifics of your journey.

Intended Parents' Names:

Gestational Carrier's First Name:

Your total estimated escrow for the information outlined on pages 2 – 4 of this document will be: \$_____. 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 only, you will 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., high-risk pregnancies, multiple births, etc.) as well as the variable expenses listed within this document 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. Additional deposits to the escrow may be required on an as needed basis, as determined at the sole discretion of the Agency, or as negotiated by the Intended Parents, Gestational Carrier and (her partner), regarding the Gestational Carrier Agreement.

Please note that your escrow account must maintain a balance above \$15,000.00 throughout the cycle.

Any unused funds will be reimbursed once all medical bills have been satisfied. The timeline for reimbursements is determined on insurance requirements and outside billing practices which may average 6–12 months postpartum.

Agency Retainer

This non-refundable retainer is due upon initiation of the match and is paid separately from your escrow account. It allows AEM to coordinate and facilitate the initial conference call and reserves your selected gestational carrier candidate while her clinical records are being reviewed.

\$500.00

Match Meeting Retainer

This non-refundable retainer is due within 48 hours of clinical approval and is separate from your escrow funding. It reserves your prospective gestational carrier match. Upon receipt of this retainer, we will coordinate the match meeting.

\$500.00

Agency Fees

Obligations and responsibilities of the agency are outlined in the Agency Agreement.

First Agency Installment

Agency to coordinate clinical approval, psychological screening, background investigations, assist with insurance review, manage pre-contract escrow distributions, etc. (Non-refundable)

\$20,000.00

Second Agency Installment

Coordinate legal representation for all parties, assist with insurance procurement, manage pre-contract escrow and distributions, Gestational Carrier travel, begin cycle coordination with clinic, etc. (Non-Refundable. Payable upon receipt of medical clearance from the chosen fertility clinic.)

\$12,000.00

Third Agency Installment

Collaborate with outside escrow management, manage, and coordinate cycle related expenses, counsel for parties for a period of 6-12 months post-partum, etc. (Non-Refundable. Due upon first heartbeat confirmation.)

\$10,000.00

International Surcharge (when applicable)

\$5,000.00

Domestic Agency Fee Total

\$42,000.00

International Agency Fee Total

\$47,000.00

Associated Professional Fees and Expenses

Due upon retention of services with signed Agency documents.

Psychological screening of Gestational Carrier and partner (if applicable) Consultation includes MMPI or PAI and assessment of GC. Performed by a licensed psychologist or LSW specializing in third party reproduction.	\$1,000.00
Group Psychological Evaluation (If Required by the Clinical Team) Covers the cost of a group psychological evaluation when requested by the fertility clinic.	\$1,000.00
Advance on Gestational Carrier's travel expenses for screening Airfare, hotel accommodations, travel/meal per diem for out-of-state cycles, and mileage reimbursement to and from appointments.	\$4,000.00
Background Investigations Includes global watchlist screening, national criminal background search, sex offender registry search, and DMV records for the Intended Parents, Gestational Carrier, and the Carrier's partner.	\$400.00
Gestational Carrier insurance review	\$500.00*
Insurance Administration & Case Management Fee Due upon match. Covers preparation and submission of the Surrogacy Accidental Death (SAD) and complications insurance applications, administrative coordination with licensed insurance professionals, policy tracking, and documentation management. This fee does not include insurance guidance, policy recommendations, interpretation of benefits, or claims assistance.	\$450.00
Medical Screening Complications Insurance AEM requires the New Life Medical Screening Complications Plan, Option B (\$250,000 / 18-month coverage), to be in place upon execution of the Match Agreement. This provides protection during the medical screening phase and through up to three embryo transfer attempts.	\$525.00*
Gestational Carrier Supplemental Life Insurance \$500,000 minimum. IPs are responsible until 2 months after normal delivery, 4 months after delivery if complicated pregnancy or delivery.	Up to \$1,080.00*
*Plan provided by New Life Agency or ART Risk upon confirmation of heartbeat, pricing is subject to change	
Associated Professional Fees and Expense Estimate	\$8,955.00

Escrow Fees

- \$800.00 is due to AEM upon retention of services with signed Agency Agreement. This fee serves to coordinate the establishment of your escrow account and the release of fees.
- \$2,000.00 is due to SeedTrust for an Agency-Managed Surrogacy Fund *Services provided by SeedTrust, pricing is subject to change

\$2,800.00

Legal Fees

Due upon retention of services with signed Agency documents.

Intended Parents Gestational Carrier Agreement (GCA) Origination and advisement, carrier contract review and advisement. *

\$6,500.00

Gestational Carrier Living Will and Medical Power of Attorney Documentation, prepared and executed in connection with the Gestational Carrier Agreement. *

\$750.00

Pre-Birth Order Origination, Filing Fees, and Related Costs*

\$3,500.00

ALL LEGAL FEES AND COSTS WILL BE DISCUSSED IN DETAIL IN THE FEE AGREEMENTS OF THE PARTIES' ATTORNEYS. (*Prices subject to change)

Domestic Legal Fee Estimate

\$10,750.00

Gestational Carrier Fees

The timing and distribution of these payments will be outlined in the Gestational Carrier Agreement (GCA) and will be administered in accordance with its terms.

Gestational Carrier's cycle evaluation stipend	\$500.00
Medication Start Stipend Lupron or similar, paid when the Gestational Carrier begins her injectable medication.	\$500.00
Embryo Transfer Fee for Each Completed Embryo Transfer Cycle Covers lost wages and childcare until confirmation of pregnancy by heartbeat	\$1,500.00
Fetal Heartbeat Confirmation #2	\$1,000.00
Gestational Carrier Compensation Distributed over 8 monthly payments paid after the 2nd heartbeat confirmation. Average range for Gestational Carrier compensation: \$40,000.00-\$80,000.	\$ _____
Gestational Carrier Stipend \$250 payable on the 1st of each month upon execution of the Gestational Carrier Agreement (estimated at 15 months). Covers miscellaneous expenses, including parking, tolls, mileage to and from local medical appointments, prenatal vitamins, postage, FedEx, notarization, lost wages and childcare for local appointments, and other incidental expenses incurred while fulfilling the Gestational Carrier Agreement.	\$3,750.00
Maternity Clothing Stipend Paid at 15 weeks' gestation.	\$1,000.00
Gestational Carrier Fee Estimate:	\$ _____

Gestational Carrier Program: Fee Estimate

The fees outlined below are estimates and may vary based on the specifics of your journey.

Intended Parents' Names:

Gestational Carrier's First Name:

The fees listed on pages 6–10 cannot be estimated before your Gestational Carrier Agreement is completed. Please remember these fees must be allotted for outside your escrow estimate.

Variable Insurance Expenses

You will be put in contact with an insurance broker independently to retain insurance as needed.

Maternity Insurance

IPs are responsible for all copays, deductibles, and premiums even if Gestational Carrier has her own insurance.

**Up to
\$37,000.00**

Contingency Plan

*Plan provided by New Life Agency or ART Risk; pricing is subject to change

\$3,000.00*

Newborn Care Plan

The child(ren) will need to be placed on IP's insurance upon birth. If your policy does not cover this (out of state birth or out of network) you will need to obtain a plan provided by New Life Agency or ART Risk Agency.

Variable

Clinical Fees

This information is provided for budgeting purposes only, please note that clinical and pharmaceutical costs, which will differ from state to state and are not included within your escrow estimate. All clinical, pharmaceutical, and medical invoices will need to be handled directly with the provider issuing the invoice.

**Varies by
Clinic**

Variable Expenses

We cannot estimate these fees before your Gestational Carrier Agreement is completed. Please remember these fees must be allotted outside your escrow estimate.

Description	Amount Anticipated
Gestational Carrier Monthly Support Group Fee to Counselor \$150/session estimated at 15 sessions	\$2,250.00
Gestational Carrier Monthly Support Group Stipend \$60/session estimated at 15 sessions (Required only for first-time gestational carriers)	\$900.00
Supplying Breast Milk (if applicable) Pro-rated from last payment to date D/C'd .. Does not include cost of pump, shipping supplies, (2) nursing bras, storage, etc.	\$300.00/wk to Gestational Carrier
Supplying Breast Milk – Gestational Carrier hold fee * Payable to agency	\$300.00/mo
Continued Case Management Fee. * Payable to agency If the transfer process is paused, delayed, or otherwise not progressing, or if the parties have failed to maintain communication with AEM for a period of thirty (30) days, a Continued Case Management Fee, as outlined in the Fee Schedule, will be assessed beginning on Day 31, unless the delay is due to physician recommendation, clinic scheduling, documented medical necessity, or other extenuating circumstances approved by AEM. AEM reserves the right, at its sole discretion, to waive the Continued Case Management Fee when warranted by the circumstances.	\$300.00/mo
Endometrial Receptivity Analysis/Mock Cycle \$300 for each additional mock cycle ordered	\$500.00
Dropped Cycle	\$500.00
Gestational Carrier Hold Stipend	\$300.00/mo
Video conference fee with Intended Parent(s), Gestational Carrier and Agency	\$150.00
Estimated Travel fee for out of state Gestational Carriers	Up to \$6,000.00

Variable Expenses (Continued)

We cannot estimate these fees before your Gestational Carrier Agreement is completed. Please remember these fees must be allotted outside your escrow estimate.

Description	Amount Anticipated
Housekeeping Stipend Only if Gestational Carrier is placed on bedrest or reduced activities or starting at 28 weeks. Reimbursed if GC provides receipt.	\$100.00/wk
Childcare Only if on Bedrest or Restriction of Activities, only for supplemental childcare beyond what GC already pays for. Begins at 20 weeks' gestation through 3 weeks post-partum or 6 weeks post-partum for C-section.	\$100.00/day
Gestational Carrier's Lost Wages Actual gross lost wages at the time of loss. For up to 6 weeks after vaginal delivery and up to 8 weeks after c-section. Total lost wages capped at 12 weeks unless physician ordered. 3 most recent paystubs must be provided to estimate lost wages.	Variable
Partner's Lost Wages (if applicable, negotiated maximum) Actual gross lost wages for ten days during term of Agreement to care for GC and children.	Variable
Prenatal massage	Variable
Acupuncture	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

Variable Expenses (Continued)

We cannot estimate these fees before your Gestational Carrier Agreement is completed. Please remember these fees must be allotted outside your escrow estimate.

Description	Amount Anticipated
Each additional Amniocentesis or CVS	\$500.00
Cerclage (Stitching unfavorable cervix closed)	\$500.00
Cesarean Section or any other Open Surgical Procedure related to any complication of pregnancy or delivery up to 3 months	\$3,000.00
Termination of pregnancy	\$1,000.00
D & C or D&E (1st trimester)	\$750.00
D & C or D&E (2nd trimester)	\$1,000.00
Ectopic Pregnancy Medical Treatment	\$500.00
Ectopic Pregnancy Laparoscopic Surgical Repair	\$1,200.00
Ectopic Pregnancy Open Surgical Repair	\$2,500.00
Selective Reduction (per fetus)	\$750.00
Removal of uterine polyps ● Removal of Uterine Polyps (diagnosed during medical screening): \$500.00 ● With anesthesia: \$1,000.00	\$500.00 - \$1,000.00
Loss of Fetal Heartbeat with Labor Induction	\$2,000.00
Multiple Birth Compensation	\$7,000.00 per fetus

Variable Expenses (Continued)

We cannot estimate these fees before your Gestational Carrier Agreement is completed. Please remember these fees must be allotted outside your escrow estimate.

Description	Amount Anticipated
Loss of Reproductive Organs: IP's may purchase "organ loss insurance" to cover such loss risk.	
Loss of each ovary regardless of loss of fallopian tube with that ovary	\$2,500.00
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	\$5,000.00
Loss of uterus and cervix	\$7,500.00
Complete hysterectomy: loss of uterus, cervix, both ovaries	\$10,000.00

Discounts

Only one discount is permitted per cycle, if applicable.

Dual service discount: Clients booking an egg donor and Gestational Carrier through AEM will receive discount off your Gestational Carrier Fee Agreement	(\$2,000.00)
Active-Duty Military & First Responder Discount	(10%) Off of Agency Fees
Sibling Project	(\$2,000.00-\$3,000.00)

Re-Matching Fees

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.

Domestic Legal	\$5,200.00
Travel Advance on Gestational Carrier's travel expenses for screening	\$3,000.00
Agency Fee Agency to coordinate clinical approval, psychological screening, background investigations. Non-refundable. Due upon retention of services with signed Agency Agreement.	\$15,000.00