



## **DONOR EGG Single Recipient Financial Policy as of January 1, 2018**

This Financial Policy is designed to help you understand and anticipate the cost of your treatment at the Ronald O. Perelman and Claudia Cohen Center for Reproductive Medicine (CRM). Please refer back to this policy as you progress in your treatment.

Please note that all fees are subject to change.

### **Insurance Information**

#### **CRM Insurance Participation**

CRM participates with Cigna, United Healthcare, Oxford (Optum), and Empire Plan (New York State Government Plan administered by United Healthcare), Cornell Employee-Aetna PPO Plan, and Blue Cross Blue Shield.

While CRM participates with these insurances, **you are responsible for any fees not covered by your insurance.** For this reason, **it is important that you find out from your insurance company if you have fertility coverage; if so, what type of coverage you have; and if you need pre-authorization for medications or treatment.** (Please see attached Billing Bulletin for help with questions to ask your insurance company.)

**Please note that insurance coverage may be dependent upon the diagnosis code as well as the procedure code.**

**\*\*Please be advised that all donor-related fees will be collected upfront regardless of your insurance coverage. For patients with insurance coverage, claims will be submitted once your treatment is complete. You may be reimbursed based upon what your insurance pays. Reimbursements cannot include the donor facility and anesthesia fees.\*\***

If your insurance company confirms that you do have benefits that require prior authorization and/or predetermination for medication and for the cycle please send a request to [crm-precertification@med.cornell.edu](mailto:crm-precertification@med.cornell.edu) or call the precertification line at (646) 962 - 7247.

For any questions regarding the fees or to make payment, please contact Letty Crespo at (646) 962 - 3248.

#### **Out-of-network or self-pay patients**

If CRM does not participate with your insurance, or if you are a self-pay patient, **you will be responsible for paying for all services rendered by CRM.** You should find out from your insurance company what out-of-network coverage, if any, you have and if you need pre-authorization for medications and treatment. (Please see attached Billing Bulletin for help with questions to ask your insurance company.)

#### **Physician Insurance Participation**

Please contact the physician's office directly to find out about individual doctor participation, as this may differ from CRM. CRM charges are separate from physician charges.

#### **Reimbursement of out of pocket expenses**

If requested, CRM will provide health insurance claim (HIC) forms, which you can submit to your insurance company for reimbursement. It is extremely important to check with your insurance company before treatment to find out your level of coverage as reimbursement depends on your individual insurance benefits and plan.

## **IVF Using Donor Egg Single Recipient**

When IVF is performed using donor eggs, the recipient is responsible for donor and recipient fees.

**You are required to pay for your Donor Egg cycle in full prior to the beginning of the donor cycle.** No recipient medication is included in these fees. If your donor requires additional medications, you will be billed for this at the end of your cycle. **If requested,** Health Insurance Claim (HIC) forms will be mailed to you after your cycle has been completed.

**\*\*Please be advised that all donor-related fees will be collected for upfront regardless of your insurance coverage. \*\***

<b>Anonymous Donor (1 recipient)</b>		
IVF cycle fee	\$3,870.00	
Retrieval	\$3,018.00	
Donor compensation fee	\$10,000.00	
Donor evaluation	\$10,173.00	(including medication)
NYPH fee and anesthesia	\$1,755.84	
<b>Total Donor Fees</b>	<b>\$28,816.84</b>	
<b>Recipient</b>		
Recipient monitoring fee	\$1,305.00	
Cycle management fee	\$1,395.00	
Semen evaluation and preparation	\$375.00	
Culture of oocytes	\$2,200.00	
Preparation of embryo for transfer	\$337.00	
Embryo transfer	\$700.00	
<b>Total Recipient Fees</b>	<b>\$6,312.00</b>	
<b>TOTAL FEES TO RECIPIENT</b>	<b>\$35,128.84</b>	Payable to <b>CRM</b>

### **Pregnancy Assessments:**

Pregnancy tests (**Estradiol \$135.00, beta hCG \$105.00, Progesterone \$105.00**) and pregnancy ultrasounds incur additional charges and are billed separately when they are performed. These tests are not included in the above cycle fees. Please check with your billing representative with any questions.

## Additional Procedures Used in Conjunction with Donor Egg

In the course of your treatment you may be required to undergo some or all of the following procedures. Prior to beginning your donor egg cycle, you should understand which of these procedures **will** be necessary, and which **might** be necessary, so that you can anticipate the cost of your treatment. Please discuss any questions you may have regarding any of these procedures with your physician. **You are required to pay for any anticipated additional procedures on the first day of your donor egg cycle.**

Please note that most insurance plans do not cover ICSI, assisted hatching or cryopreservation. You may want to get a Predetermination of Coverage letter from your insurance plan before you begin treatment.

<b>Assisted Hatching:</b> Involves the thinning or making a small hole in the egg coat (zona pellucida) that surrounds the embryo.	<b>\$1,595.00</b>	Payable to CRM
<b>Intracytoplasmic Sperm Injection (ICSI):</b> A single sperm is selected and injected directly into an egg.	<b>\$2,630.00</b>	
<b>Embryo Cryopreservation:</b> Viable embryos are frozen for use at a later date. <b>Quarterly storage fee of \$262.50</b> will be charged effective six months after the initial cryopreservation date.	<b>\$1,050.00</b>	
<b>Frozen Embryo Transfer (FET):</b> Includes laboratory testing, ultrasounds, thawing of cryopreserved embryo(s), embryo preparation and transfer.	<b>\$4,260.00</b>	Payable to CRM
<b>Pregnancy Assessments:</b> Pregnancy tests ( <b>Estradiol \$135.00, beta hCG \$105.00, Progesterone \$105.00</b> ) and pregnancy ultrasounds incur additional charges and are billed separately when they are performed. These tests are not included in the above FET fees.		
For billing related questions, contact: <b>Letty Crespo - (646) 962-3248</b>		

**Donor cancellations include but are not limited to the following:**

1. CRM allows donors to withdraw from the program at any time. If a donor withdraws, the cycle will be cancelled.
2. Donors are retested and rescreened within 30 days prior to IVF retrieval in accordance with federal and state regulations and CRM policies. A positive test or abnormal screening can lead to cancellation.
3. If a donor does not respond properly to the medications the cycle will be cancelled.

In the event of a cancellation, your cycle fees (itemized on page 2) will be reimbursed. Any charges for recipient procedures already performed, medications taken, monitoring, blood draws or ultrasounds, will not be reimbursed. Additionally, you will be placed at the top of the waiting list with a priority for matching.

**Transporting frozen sperm (donor or husband/partner source) from another laboratory:**

1. CRM Andrology laboratory will accept frozen sperm for use in your cycle from New York State (NYS) licensed sperm banks. CRM can provide a list of sperm banks upon request. If the frozen sperm (donor and/or husband/partner) is not from a NYS licensed laboratory, CRM must obtain approval (2-4 weeks needed) to send the frozen specimen to our laboratory. **Please contact CRM Andrology laboratory immediately at (646) 962-8448 to send vials to our laboratory.**
2. Before frozen donor sperm is shipped to CRM the completed Donor Sperm Treatment Consent must be submitted to the Donor Egg Nurse.
3. You are responsible for the ordering and shipping of the sperm samples to CRM's Andrology laboratory. You must contact CRM Andrology laboratory directly at (646) 962-8448 to confirm delivery arrangements. **Once CRM Andrology laboratory receives your vials, you are required to go to the CRM Andrology laboratory to sign consents to store and use frozen sperm.**
4. All Andrology Consents must be renewed annually.
5. **All frozen sperm must be received before starting medications.**
6. Deliveries are accepted Monday through Thursday from 8:00 am to 2:00 pm only.

**Please have your frozen sperm delivered to:**

Weill Cornell Center for Reproductive Medicine  
Andrology Laboratory  
1305 York Avenue, 7th Floor - Room 725  
New York NY 10021  
(646) 962-8448

**NO SAMPLES CAN BE ACCEPTED  
ON WEEKENDS.**

**Semen Cryopreservation Storage:**

There will be a charge of \$160.00 per quarter for semen cryopreservation storage. This charge becomes effective three months after the initial cryopreservation date.

