

# **PRICE LIST**

Effective November 22, 2023

ASSESSMENTS	
Most assessments including bloodwork and imaging are covered by OHIP.	
Anti-Mullerian Hormone (AMH)	\$125

TREATMENTS & SOLUTIONS	
Intrauterine Insemination (IUI)/Donor Sperm Insemination (DI)  IUI cycle monitoring and procedure are government-funded for Ontario residents (when available)	
IUI Cycle Monitoring and Procedure  Sperm Preparation for IUI-Fresh/Frozen/Donor	\$850 \$750
In-Vitro Fertilization (IVF) Procedures	
IVF Cycle (includes physician consult, egg retrieval, ICSI)	\$12,100
Embryo Cryopreservation Fee (includes first year storage)	\$1,200
Initial Embryo Transfer in a Cycle (Fresh or Frozen)	\$1,700
Frozen Embryo Transfer (FET) Cycle	\$2,350
Frozen Oocyte Cycle (includes physician consult, egg thaw, ICSI)	\$8,350

INNOVATIVE ENHANCEMENTS	
Sperm Retrieval by Urologist (TESA/PESA)	\$1,700
ZyMot Sperm Separation	\$350
ERA by Igenomix	
First Sample	\$1,375
Second Sample/Repeat Test	\$660
EMMA & ALICE by Igenomix	
First Sample	\$1,200
Second Sample	\$825
EndomeTRIO by Igenomix	
First Sample	\$1,650
Second Sample	\$1,200
Products Of Conception Testing by Igenomix	\$700

Innovative Enhancements continued on next page



# **PRICE LIST cont.**

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INNOVATIVE ENHANCEMENTS cont.	
Pre-implantation Genetic Testing (PGT-A) by Igenomix (including biopsy & testing)	
First or Single Embryo	\$3,300
Each Additional Embryo	\$325
Consultation, biopsy and freezing for testing by any other lab  Outside lab fees for genetic testing are not included. Quote will be provided prior to cycle start.	\$2,750
For PGT-M and PGT-SR please ask billing for pricing details.	
Thawing of Embryo for Biopsy	\$500

DIRECTED DONATION PROGRAM (KNOWN DONOR)	
Program Management Fee	\$2,950
Directed Donor Screening Fee: If the directed donor testing expires and screening needs to be re-done, there will be a subsequent charge of $$1,950$ .	

FERTILITY PRESERVATION	
Sperm or Surgical Sample Freezing	\$550
Egg Freezing Cycle (includes physician consult, egg retrieval, egg freezing)	\$8,550

STORAGE FEES	
Annual Storage Fee for Embryos, Eggs, or Sperm (plus HST)	\$950
Payable at start of cycle and on each anniversary of the original freeze date.	
Several sperm samples can be stored as one batch if completed within 14 days of first sample.	
Sperm, eggs or embryos stored less than 3 months will be refunded storage fee.	

OTHER	
Sperm DNA Fragmentation Test	\$250
Chart Management Fee-Intercourse Cycles (non-refundable)	\$200
Receipt and Handling of Specimens (from outside facility)	\$150
Transferring Out Embryos, Eggs or Sperm	\$500
Missed Appointment	\$100
Satellite Monitoring (non-refundable)	\$2,500
Insurance Letter/Physician Letter	\$30
Copy of Medical Record (plus HST)	\$50



#### PRICE LIST cont.

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#### **FEE POLICY**

- Full payment of fees is due when patients initiate treatment (by day 3 of menses).
- For PGT-A services, a refundable deposit is required when patients initiate treatment.
- We accept the following forms of payment: debit, certified cheque, bank draft and all major credit cards. We cannot accept cash or personal cheques.
- Medication costs are not included and purchased medications cannot be returned or refunded.
- All fees are in Canadian dollars.
- Funded cycles are available through the Ontario Fertility Program.

## **CANCELLED OR CONVERTED CYCLE COSTS**

- Cycles may be cancelled.
- Private IVF cycle converted to IUI cycle will be charged the sperm preparation fee of \$750 and the cycle monitoring fee of \$850.
- Private IVF cycle cancelled and not converted to IUI cycle will be charged only the cycle monitoring fee of \$850.
- Private FET cycle cancelled will be charged a cycle monitoring fee of \$150.

## **REFUND POLICY**

- Credits can be refunded to patients or put towards future cycles.
- In certain cases, the desired outcomes may not be achieved yet our fees are non-refundable.
- You will be refunded fees for any services not rendered.
- Egg retrieval with no eggs will be refunded \$5,000 of the IVF treatment cycle fee.

I/We understand the fees quotes as per treatment cycle. I/We have read and understand the financial guidelines and fees. I/We understand all fees and payment terms.

Patient's Signature	Date	
Partner's Signature (if applicable)	 Date	