

Shared IVF Success Donor Oocyte Program Agreement



When patients have limited insurance coverage, the financial burden of paying for assisted reproductive technologies can be challenging. This is especially so if more than one cycle is required to achieve pregnancy. We understand this stress and have developed the Shared IVF Success Donor Oocyte Program (SISDOP) to make therapy more affordable and costs more predictable.

Karande and Associates, SC dba InVia Fertility Specialists (InVia) is pleased to offer a “100% guarantee” pricing option for donor oocyte cycles as an alternative to traditional fee-for-service. Couples who qualify for this program have the option of undergoing up to three donor oocyte cycles over a two-year period. Whereas, we can never guarantee a successful outcome, this program limits the financial risk for the couple if a live birth is not achieved. The financial risk is therefore shared between the clinic and the couple.

InVia is offering its SISDOP in accordance with the recommendations made by the Ethics Committee of the American Society for Reproductive Medicine in 2013. According to the Ethics Committee, such programs are acceptable as long as patients are fully aware of the advantages and disadvantages of the program, including the likelihood of success, potential costs that are not covered, and that no unnecessary risks are taken with patients to assure higher pregnancy rates.

**** Revision Date 11/10/2014**

SISDOP Eligibility

To be eligible for the SISDOP, the female must be 48 years of age or younger at the time of enrollment. The following are the inclusion and exclusion criteria:

- There must be an indication for the utilization donor oocytes (e.g. diminished ovarian reserve, premature ovarian failure)
- The female must be a non-smoker or if previously a smoker, must have discontinued smoking by 30 days prior to start of stimulation medications. The cessation may be documented with urine and/or blood testing
- The uterine cavity must be normal. A hysterosalpingogram (HSG), hysterosonogram or a hysteroscopy will be utilized for this assessment
- Women with a body mass index ≥ 35 kg/m² are not eligible
- Women with hydrosalpinx are not eligible. If the hydrosalpinx is surgically removed, the physician on a case-by-case basis will determine eligibility.
- Couples with two or more previous miscarriages may not be eligible.
- The male partner must have a current semen analysis with a minimum of 1,000 motile sperm in his ejaculate. The use of donor sperm is permitted.
- Patients undergoing pre-implantation genetic diagnosis (PGD) for a genetic disorder or pre-implantation screening (PGS) for chromosomal disorder in the male partner are not eligible for SISDOP. The use of PGS for embryo selection (aneuploidy screening) is permitted.
- The participant(s) must agree to transfer one or two embryos and agree to allow the embryology team to determine on which day of embryo development to transfer the embryo(s).
- The participant(s) must agree to fertilize all eggs that are able to be fertilized and to cryopreserve any embryos that are not transferred in a given cycle.
- The participant(s) must undergo psychological screening prior to being accepted in the program. They may be disqualified based on the opinion of the mental health professional.

SISDOP Terms

If after up to 3 completed donor oocyte cycles, no pregnancy has resulted (and all available cryo-preserved embryos have been transferred), a 100% refund will be made to the

participant(s), given the participant(s) does(do) not have any previous balances owed to the clinic.

A completed donor oocyte cycle includes initial donor screening, controlled ovarian hyperstimulation of the donor, oocyte retrieval from the donor followed by embryo transfer to the recipient.

After each completed donor oocyte cycle, the participant(s) and physician meet and determine the appropriateness of proceeding with a repeat attempt. Patients who do not achieve a live birth after the first or second attempt will be recommended a repeat cycle. Before another fresh cycle can be attempted, all available cryo-preserved embryos must be transferred into the recipient.

InVia reserves the right to terminate the SISDOP at any time and refund the participant's money.

All three donor oocyte cycles must be completed within a 24-month period.

The participant(s) is/are free at any point to withdraw from the SISDOP and such a decision will not affect future care at InVia. If the participant(s) choose to discontinue or cancel a treatment cycle under the SISDOP, of is a treatment cycle has to be canceled as a consequence of the participant(s) actions, the program costs will be refunded minus accumulated treatment expenses at InVia's standard fee schedule. If a treatment is canceled for medical reasons, the participant(s) will still be eligible for a refund. If a pregnancy is spontaneously achieved once treatment has been initiated under the SISDOP, program costs will be refunded minus accumulated treatment expenses at InVia's standard fee schedule.

Costs

The cost for the SISDOP is \$30,000 - the end-point is a live birth. This amount is to be paid in full prior to starting the first cycle. The full amount is held in Escrow until a pregnancy at 12 weeks gestation is achieved and then is transferred to InVia's account.

There are additional (non-refundable) costs associated with the SISDOP. Your out-of-pocket costs may therefore be significantly higher. These additional costs currently are the following: donor compensation fee of \$7,000 per fresh IVF cycle- administrative fee of \$3,450, donor insurance fee of \$615 per fresh IVF cycle and donor testing fee of approximately \$3,000. If a donor is rejected during testing, the costs incurred are non-refundable.

Not all donor cycles result in extra embryos being available for cryo-preservation. You may therefore need to try another attempt with the same or a different donor. In this case, you will once again be responsible for the associated additional (non-refundable) costs.

Services included:

1. Oocyte retrieval from the donor.
2. Embryo transfer to the recipient.
3. Intracytoplasmic sperm injection (ICSI) and or Assisted Zona Hatching (AZH) if needed.
4. Embryo cryo-preservation and storage of cryo-preserved embryos until live birth is achieved

Services excluded:

- Initial consultation
- Pre-testing of donor, the recipient and the recipient's partner.
- Any surgical procedures required e.g. laparoscopy or hysteroscopy
- Medication costs for donor as well as recipient
- Costs of contracted services (e.g. anesthesia)
- Pre-implantation genetic diagnosis (PGD) or pre-implantation genetic screening (PGS)
- Cost of care for complications resulting from treatment or pregnancy (e.g. Ovarian hyperstimulation syndrome, ectopic pregnancy)
- Pregnancy monitoring after the first serum hCG test to confirm that a pregnancy has been established. If a participant has insurance coverage, the insurance company will be billed for pregnancy monitoring. Otherwise, the participant will be financially responsible for these services.

- Once a live birth is achieved, any future cycles with cryo-preserved embryos are not included. In these patients, routine embryo storage fees will be charged (currently \$50/- per month billed quarterly).

Agreement Signatures

We have read the information in this agreement regarding Karande & Associates, S.C. dba InVia Fertility Specialists Shared IVF Success Donor Oocyte Program (SISDOP). All of our questions regarding this program have been answered satisfactorily. We fully understand the advantages and disadvantages of such a program and have decided, after considering advantages and disadvantages to participate

All parties involved must sign below

Patient Name (Print)

Signature

Date

Partner Name (Print)

Signature

Date

Physician (Print)

Signature

Date