Fees have been broken down according to treatment options. You may require one or several of these options, depending on your situation. Your physician will discuss with you the treatment options that are best for you. Fees do not include the cost of medications which will vary depending on your drug insurance plan.

In cases of cancellation or change in treatment, price adjustments will be applied based on our refund policy. Prices are subject to change without prior notice. All fees must be paid in full prior to the beginning of the treatment. No personal cheques accepted.

| Insemination (IUI) | |
|---|-----------------------|
| For those who are eligible, RAMQ covers for u intra-uterine inseminations per live birth. If yo treatment is not covered, insemination fees a | bur |
| IUI Monitoring | \$400 |
| IUI Procedure (includes sperm wash) | \$400 |
| In Vitro Treatments | |
| In Vitro Fertilization (IVF) includes AH | \$6,350 |
| In Vitro Maturation (IVM) includes AH | \$6,350 |
| Frozen Embryo Transfer Cycle (FERC) incl. AH | \$2,150 |
| Frozen Oocyte (Egg) Replacement Cycle (FOR | C) \$2,500 |
| Frozen Oocyte (Egg) Replacement Cycle (FOR with Oocyte Donation (oocytes not included) | ^{C)} \$3,250 |
| Egg Donation Cycle | \$8,500 |
| Intra-Couple Donation (same sex 😨) | \$7,000 |
| Surrogacy | \$8,500 |
| Surrogacy with Egg Donor (embryo freezing, includes one year of storage) | \$10,000 |
| Surrogacy Frozen Embryo Transfer Cycle (FER | C) \$2,500 |
| Surrogacy Frozen Oocyte (Egg) Replacement Cycle (FORC) with Oocyte Donation (oocytes not included) | \$4,250 |
| Direct Sperm Donation (includes freezing of four samples) | \$2,500 |
| Additional samples within six months | \$350 each |

| Other Procedures (if applicable) | |
|--|---------|
| Assisted Hatching (AH) | \$500 |
| Intra-Cytoplasmic Sperm Injection (ICSI) | \$1,600 |
| Sperm Selection (Annexin) | \$700 |
| Sperm Selection (ZyMot) | \$350 |
| Surgical Sperm Retrieval (TESE) | \$2,600 |
| Micro-surgical Sperm Retrieval (MicroTESE/MESA) | \$4,100 |
| Embryoscope | \$500 |
| ERA/ matrice test monitoring cycle | \$800 |

| Cryopreservation (Freezing) & Storage | |
|---|---------|
| Egg/Embryo Freezing (includes one year storage) | \$1,050 |
| IVF Back-Up Sperm Freezing (includes one year storage) | \$350 |
| Sperm/ Egg /Embryo Storage (annual fee) | \$350 |
| Donor Sperm storage (annual fee) | \$350 |

| Elective Fertility Preservation (includes one year of storage) | |
|---|---------|
| Egg Freezing | \$5,200 |
| Embryo Freezing | \$6,400 |
| Sperm Freezing | \$350 |

| Fertility Preservation for Patients Diagnosed with Cancer RAMQ Coverage (includes five years of storage) | | |
|--|-----------------|--|
| Egg Freezing | Covered by RAMQ | |
| Embryo Freezing | Covered by RAMQ | |
| Sperm Freezing | Covered by RAMQ | |

| Fertility Preservation for Patients Diagnosed with Cancer – NON RAMQ (includes five years of storage) | |
|---|-------|
| Sperm Freezing | \$350 |

| Other Fees | |
|---|---------|
| Administrative Fee | \$200 |
| Medical chart review/phone consult | \$300 |
| Counselling | \$175 |
| IVF Monitoring (for patients doing treatment in another clinic) | \$1,250 |

McGill University Health Centre McGill University Health Centre

December 1, 2022

I/we hereby consent to the terms of the MUHC Reproductive Centre cancellation policy. I/we understand that full or partial reimbursement is subject to the following terms:

- Cancellations for non-medical reasons, prior to the start of treatment, are subject to a \$500 cancellation fee;
- All cancellations for medical or non-medical reasons after the start of treatment will be reimbursed according to the following schedule:

This policy is subject to change, reflecting any changes in our price list.



| Treatment | Fee Paid | id Refund Based on Time of Cancellation | | |
|---|-----------|---|---|--------------------------------------|
| | | Prior to Collection | After Collection and No Oocytes(eggs) Retrieved | Prior to Transfer of Fresh Embryo |
| In Vitro Fertilization (IVF) In Vitro Maturation (IVM) | \$ 6,350 | \$ 4,000 | \$ 1,700 | \$ 700 |
| IVF/IVM with Oocyte(egg) Donation | \$ 8,500 | \$ 5 <i>,</i> 500 | \$ 1,700 | \$ 700 |
| Intra-Couple Donation (same sex 😨) | \$ 7,000 | \$4,500 | \$1,700 | \$ 700 |
| Fertility Preservation (egg freezing) for patients diagnosed with cancer | \$ 2,000 | \$ 2,000 | \$ O | |
| Fertility Preservation (embryo freezing)for patients diagnosed with cancer | \$ 3,000 | \$ 3,000 | \$ 1,000 | |
| Elective Fertility Preservation (egg freezing) | \$ 5,200 | \$ 2 <i>,</i> 300 | \$ 0 | |
| Elective Fertility Preservation (embryo freezing) | \$ 6,400 | \$ 3 <i>,</i> 500 | \$ 1,000 | |
| Surrogacy | \$ 8,500 | \$ 6 <i>,</i> 000 | \$ 1,700 | \$ 700 |
| Surrogacy with Oocyte (egg) Donor (embryo freezing) | \$ 10,000 | \$ 4,500 | \$ 1,700 | |

| Treatment | Fee Paid | Refund Based on Time of Cancellation | | |
|--|----------|---|--|--|
| | | Prior to Thawing of After thawing and | | |
| | | Embryos ^[1] No Embryo Transfer | | |
| Frozen Embryo Transfer Cycle (FERC) | \$ 2,150 | \$ 800 \$ 500 | | |
| Frozen Embryo Transfer Cycle (FERC) with Surrogate | \$ 2,500 | \$ 800 \$ 500 | | |

| Treatment | Fee Paid | Refund Based on Time of Cancellation | | |
|---|----------|--|--|---|
| | | Prior to Thawing of Oocytes (eggs) ^[1] | After Thawing of Oocytes (eggs) and Prior to Fertilization | After Fertilization and No Embryo Transfer |
| Frozen Oocyte (Egg) Replacement Cycle (FORC) | \$ 2,500 | \$ 1,800 | \$ 700 | \$ 500 |
| Frozen Oocyte (Egg) Replacement Cycle with Oocyte Donation (FORC + OD) | \$ 3,250 | \$ 2,550 | \$ 1,500 | \$ 500 |
| Frozen Oocyte (Egg) Replacement Cycle with Oocyte Donation (FORC + OD) and Surrogate | \$ 4,250 | \$ 3,250 | \$ 1,500 | \$ 500 |
| Direct Sperm Donation Cycle | \$ 2,500 | \$ 1,500 | | |

^[1] Provided a written request is received by the Clinic's embryology lab 24 hours prior to the scheduled transfer date.
 ^[2] FERCs and FORCs cancelled for medical reasons will be rescheduled. No refund will be issued.

PATIENT CONSENT

I have been given time to consider the content of this document and the opportunity to make further inquiries before signing this form.

Name (Print)

Date (yyyy-mm-dd)

PARTNER CONSENT (if applicable)
I am the partner of ______ and I acknowledge that she and I are being treated together. I have been
given time to consider the content of this document and the opportunity to make further inquiries before signing.

Signature

Place