Centre universitaire de santé McGill University Health Centre

MUHC Reproductive Centre – Refund Policy

August 20, 2018

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 option	Fee Paid	Refund Based on Time of Cancellation		
		Prior to	After Collection and	Prior to Transfer
		Collection	No Eggs Retrieved	of Fresh Embryo
IVF/IVM	\$ 5,500	\$ 4,000	\$ 1,700	\$ 700
IVF/IVM with egg donation	\$ 7,500	\$ 4,000	\$ 1,700	\$ 700
Fertility preservation pre-cancer treatment (egg freezing)	\$ 2,000	\$ 2,000	\$ 0	
Fertility preservation pre-cancer treatment (embryo freezing)	\$ 3,500	\$ 3,500	\$ 1,000	
Fertility preservation (egg freezing)	\$ 3,800	\$ 2,300	\$0	
Fertility preservation (embryo freezing)	\$ 5,000	\$ 3,500	\$ 1,000	
Surrogacy	\$ 8,000	\$ 4,500	\$ 1,700	\$ 700
Surrogacy with Egg Donor	\$ 9,000	\$ 5,500	\$ 1,700	\$ 700

Treatment option	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)	\$ 1,500		\$ 800	\$ 500
Surrogacy Frozen Embryo Transfer Cycle (FERC)	\$ 2,500		\$ 800	\$ 500

Treatment option	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 Replacement Cycle (FORC)	\$ 2,500	\$ 1,800	\$ 700	\$ 500
Frozen Oocyte Replacement Cycle (FORC) with Oocyte Donation	\$ 3,250	\$ 2,550	\$ 1,500	\$ 500
Frozen Oocyte Replacement Cycle (FORC) with Oocyte Donation and Surrogate	\$4,250	\$ 3,250	\$ 1,500	\$ 500

^[1] Provided a written request is received by the Clinic's embryology lab 24 hours prior to the scheduled transfer date.

PATIENT CONSENT

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I have been given time to co signing this form.	onsider the content of this docume	nt and the opportunity to r	nake further inquiries before
Name (Print)	Signature	 Place	Date (dd/mm/yyyy)
	PARTNER CONSENT (if applicable)	
l am the partner ofgiven time to consider the cont	and I acknowle ent of this document and the oppor	-	treated together. I have been ries before signing.
Name (Print)			Date (dd/mm/vyvy)

^[2] FERCs and FORCs cancelled for medical reasons will be rescheduled. No refund will be issued.