



Financial Agreement Costed Treatment Plan Frozen Replacement Cycle

Fix addressograph here

Partners Details

First Name: _____
 Surname: _____
 Date of Birth: _____

Once you have agreed to this costed treatment plan payment must be made prior to the cycle commencing. These prices are valid until 31st July 2010.

1 NATURAL TREATMENT CYCLE

		Cost	Required	Total Cost
Natural Transfer Cycle	All serum monitoring, embryo transfer and follow-up appointment			
	If elective single embryo transfer in fresh treatment subsequent frozen embryo transfer	£250.00		
	Frozen embryos (following double fresh embryo transfer cycle)	£500.00		
	HFEA Charge (only charged if transfer takes place)	£104.50		
	Cost incurred if no embryo transfer	£200.00		
Total				

If natural replacement cycle is converted to down regulated cycle cost will be £200.00 and cost of down regulated cycle.

2 DOWN REGULATED TREATMENT CYCLE

		Cost	Required	Total Cost
Down Regulated Transfer Cycle	All medication required, serum monitoring, embryo transfer and follow-up appointment			
	If elective single embryo transfer in fresh treatment subsequent frozen embryo transfer	£250.00		
	Frozen embryos (following double fresh embryo transfer cycle)	£500.00		
	HFEA Charge (only charged if transfer takes place)	£104.50		
	Cost incurred if no embryo transfer	£200.00		
	Support Drugs - after positive pregnancy test (non refundable) 8 x 15 per pack:	£96.00		
Total				

Patient Signature:		Print:		Date:	
Partner Signature:		Print:		Date:	
Witnessed:		Print:		Date:	

Copies: Original – Patient Notes, Copy 1 – Patient, Copy 2 – Finance Assistant