



Aberdeen Fertility Centre
 Aberdeen Maternity Hospital
 Foresterhill
 Aberdeen
 AB25 2ZL

Financial Agreement Costed Treatment Plan Donor Insemination (DI)

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 treatment being undertaken.

1 CONSULTATIONS

	Cost	Required	Cost
Initial Consultation	£150.00		
Counselling	£100.00		
Total			

2 SCREENING TESTS

Screening tests are required **if they have not been done by your GP or elsewhere in the last 12 months**. These are not required prior to every cycle and therefore should be viewed as one off costs.

	Cost	Required	Cost
Second Consultation	£150.00		

		Cost	Required	Cost
For the Woman	Chlamydia	£25.00		
	CMV	£25.00		
	Blood Group	£20.00		
For the man	CMV	£25.00		
	Blood Group	£20.00		
Total				

3 DI TREATMENT CYCLE PER CYCLE

		Cost	Required	Cost
Natural Cycle	Urine monitoring kit, IUI, procedure and follow-up appointment	£300.00		
	If cycle cancelled (no IUI) Refund:	£200.00	Discussed	
	HFEA Charge (only charged if DI takes place)	£52.00		
Total				

Patient Signature:		Print:		Date:	
Partner Signature:		Print:		Date:	
Witnessed:		Print:		(Health Professional)	
Designation:				Date:	