

Initial consultations	Notes	£
Initial consultation	1	500
Initial consultation, but no Semen Analysis (SA) required	1	400

Main treatments, excluding drugs costs	Notes	£
Intrauterine insemination (IUI) x 3 cycles	5	2750
In Vitro Fertilisation (IVF)	2, 3, 5, 6	3100**
Intracytoplasmic Sperm Injection (ICSI)	2, 3, 5, 6	3395**

Partial Refunds

IUI (x 3 cycles)	£
If an IUI package is not completed a refund will be paid as follows:	
Following 1st cycle	1375
Following 2nd cycle	675

IVF/ICSI Partial Refunds	Notes	IVF £	ICSI £
	4		
Cancellation prior to commencement of hormone stimulation		1615	1870
Failed hormone stimulation		1400	1700
No eggs collected		408	765

Drugs

There can be no refund on treatment drugs taken from the clinic.
Any other treatment drugs not taken from the clinic will be refunded at invoice price.

Notes

1. Initial consultation includes Anti-Mullerian Hormone (AMH) testing and semen analysis (SA) at first visit followed by a second visit for consultation with clinician and nurse.
2. Includes HFEA registration fee of £104.50
3. No charge for embryo freezing and first two years' storage, if required.
4. All prescribed drugs, which are in addition to the main treatment costs, may be purchased from Origin. The total quantity, and therefore cost, of drugs may be different for each couple and will be calculated individually for each cycle
5. Main treatments IVF and ICSI include all screening tests, USS and anaesthetic fee for egg collection but not for embryo transfer. If anaesthetic is required for embryo Transfer it will be invoiced separately.

**These prices are inclusive of a 15% discount, for a limited period only.

Additional/optional services

Investigations		£
AMH test		100
Semen analysis		95
Phlebotomy fee		40
		or 65 per couple
Hormone test		25 per test
Reviews and counselling		£
Review consultation - (nurse/embryologist)		75
Review consultation - (clinician)		150
Post treatment consultation (within six months of treatment)		no charge
Independent counselling		no charge
Additional procedures		Notes £
Surgical sperm recovery (SSR), including sperm freezing and first two years' storage	1, 2, 3	1100
Frozen embryo transfer (FET)	5	1075
Donor IUI single cycle, excluding donor sperm		details on request
Donor sperm		details on request
Ultrasound scan (USS)		125
Dummy embryo transfer (ET)		80
Cyst aspiration (including anaesthetic fee)		350
Transmyometrial Embryo Transfer (TMET) (including anaesthetic fee)		275
Anaesthetic fee		200
Assisted hatching		250
Freezing and storage		Notes £
Sperm or embryo storage cost for each two year period after the initial two years' storage	4	450
Transfer of frozen embryos out of the clinic		300
Miscellaneous charges		£
Copy of notes (5 working days notice required)		40
Notes/refunds		Refund £
1. If no freezing is required		450
2. If a treatment cycle involving SSR is cancelled during stimulation		1100
3. If no sperm are recovered during SSR or there are no sperm suitable for freezing		450
4. Each full year of storage not required		200
5. Includes HFEA registration fee of £104.50		

Notes regarding payment and partial refund policy

Payment

In order to enable us to manage the service effectively, the following payment schedule is in place:

1. Consultation fees must be paid at the pre-consultation clinic.
2. To reserve a place on the treatment waiting list a non-refundable deposit of £500 towards the cost of the treatment is payable.
4. The balance of the fee and the drugs cost are payable on the day of the planning appointment.
5. All other treatment and test costs are payable on the day of treatment.

We accept personal cheque, cash, banker's draft, Visa/MasterCard and Maestro/Switch.

Cheques should be made payable to Origin.

A charge of 2% is added to credit card payments over £500.

Partial Refund Policy

A partial refund will be paid if the treatment cycle is not completed. The level of refund will depend on the stage at which the treatment is stopped.

Please note it is very important that you read and understand our pricing and partial refund policy prior to making any payments. If you have any queries please speak to a member of staff.

Declaration

I have read and understand origin Fertility Care's pricing and partial refund policy:

Partner 1: _____

Partner 2: _____

Date: _____