

# FEE SCHEDULE - 03 Mar 2015 (valid until 31Dec2016)

We are pleased to be able to provide a self-funded treatment option for those patients who are not eligible for NHS funding.

We present our fees as a package so that it gives you a realistic estimate of the total cost. Please be aware that some clinics break down their fees so that it is difficult to understand and they may add additional charges that you were not expecting.

If you wish to be seen on this basis, and have been seen in the centre within the past year, please contact the private patient secretary. If you have not been to the centre within the past year please ask your GP or consultant for a referral letter.

#### **Before Treatment Out-Patient Consultation** At this appointment (with a consultant Gynaecologist) we will discuss your problem and consider the £105 treatment options available. If you don't want to progress to treatment but request specific tests, the cost of these will be explained individually. After treatment we would usually see you in the routine clinic for follow-up at no additional cost but if you want to ensure that you see a specific consultant, this can be arranged for an additional fee (£100). Pre-treatment investigation work-up If you have decided to have treatment there are some standard appointments and assessments we need to £390 undertake. This is provided at this fixed cost. On completion you will be able to book your treatments dates. Please note: If you book your treatment dates within 12 months this won't be repeated. Out-patient male fertility consultation At this appointment with the consultant Andrologist, we will discuss problems that relate specifically to complex £165 male infertility. It includes an examination and tests if required.

Please note that both the initial consultation and pre-treatment costs would apply before you book treatment (i.e. £495).

# Treatments

| IVF   | £3300 + £500                 |
|---|------------------------------|
| This is the total cost of one IVF treatment.                                | (approx drug costs)          |
| ICSI  | £4300 + £500                 |
| This is the total cost of one ICSI treatment.                               | (approx drug costs)          |
| Sperm Retrieval   |                              |
| Note: These procedures are only required if no sperm are present in the sem | en (e.g. after a vasectomy). |
| PESA/TESA   | £1330                        |
|   |                              |
| MESA/Multiple open testicular biopsy/MicroTese                              | £2150                        |
|   |                              |

## Additional optional procedures

| Thaw and replacement of embryos                  | £970 + £150<br>(approx. drug<br>costs) |
|--|--|
| Use of donated eggs per cycle                    | £615                                   |
| Use of donated sperm from our bank per treatment | £610                                   |
| Pre-implantation Genetic Diagnosis               | £1000                                  |



# Additional optional procedures (cont.)

| Additional optional procedures (cont.)   |                 |
|--|-----------------|
| Reversal of vasectomy  | £2550           |
| (DOES NOT INCLUDE SPERM STORAGE)   |                 |
| Collection of eggs for fertility preservation                                    | £3300 + £500    |
|  | (approx. drug   |
|  | costs)          |
| Freezing of embryos, eggs or sperm and storage for one year                      | £560            |
| Annual (or part year) fee for storage of embryos, eggs or sperm                  | £410            |
| This includes storage of imported sperm.   |                 |
| Payment must be must made at the start of the storage period.                    |                 |
| Donor Insemination Treatment   |                 |
| Use of donated sperm from our bank per treatment                                 | £610            |
| Donor insemination treatment per natural treatment                               | £610            |
| (this excludes the cost of sperm, please add £610 for using sperm from our bank) |                 |
| Superovulation and donor insemination per treatment                              | £1020           |
|  | (Excl drug cost |
|  | of £150- £500)  |
| Follicle reduction (if needed)   | £510            |
| • •  |                 |

## **Ovulation Induction**

| Ovulation induction with injections if needed                 | £410            |
|---|-----------------|
|   | (Excl drug cost |
|   | of £150 - £500  |
| Intrauterine Insemination with husband's sperm                | £610            |
|   |                 |
| Follicle reduction with intrauterine insemination (if needed) | £1125           |
|   |                 |

### THE FOLLOWING CONDITIONS APPLY:

Payments are taken by Debit or Credit card only.

### **IVF or ICSI cancelled treatments**

When you start the injections to stimulate the ovaries, payment for the full IVF or ICSI treatment will then be due and is usually taken when you come for your scan. Drugs are purchased separately as needed. If your treatment does not go according to plan the following will apply:

- If treatment is cancelled after you start the first injections but before you start the second injections the total charge for treatment will be £150.
- If the ovaries do not respond adequately to the injections and treatment is stopped before the egg collection you will be refunded £1020 (if IVF) or £2020 (if ICSI).
- If no eggs are collected during the retrieval procedure and ICSI was planned, you will be refunded £1020.

We are unable to refund the cost of drugs.

### **Donor insemination treatment**

- If a natural cycle of planned insemination is started but does not result in an insemination, there is no cost.
- If a superovulation treatment is cancelled because of poor or over-response to drugs, the fee will be reduced to £410

# The Newcastle Hospitals NHS Foundation Trust requires that you sign below before starting treatment to confirm that you understand the conditions described above.

| SIGNATURE | Print Name | DATE |  |
|-----------|------------|------|--|
| Address   |            |      |  |
|           |            |      |  |