

MID-IOWA FERTILITY, P.C.
COST SHARING PLUS PROGRAM

EXHIBIT C

SERVICES INCLUDED/EXCLUDED FROM THE PROGRAM

SERVICES INCLUDED IN THE PRESCREENING FEE

- Sonohysterogram
- Clomiphene Citrate Challenge Test (CCCT) (if female is > 29 years old)
- Venipuncture (blood drawing) Fees
- Semen analysis and morphology (male)
- Immunobead Test (male)
- Screening laboratory tests (HIV, Hepatitis B, etc.)

SERVICES NOT INCLUDED IN THE PRESCREENING FEE

- Initial consultation
- Hysterosalpingogram (HSG), if necessary

SERVICES INCLUDED IN THE PROGRAM FEE

- Nurse orientation and injection teaching
- Blood tests and folliculograms (ultrasounds) to monitor ovarian response
- Any and all drug costs associated with any cycle (stimulated or frozen)
- Retrieval of oocytes performed in the clinic under anesthesia
- Fertilization of egg(s) with male sperm (ICSI, if required)
- Incubation in embryo laboratory
- Cryopreservation of any excess embryos to facilitate potential frozen cycles, including storage for eighteen (18) months following a successful cycle
- Transfer of embryos
- Follow up testing, including quantitative blood pregnancy tests and ultrasounds to confirm the success of the cycle
- All services related to frozen embryo transfers (FET). The number of possible FET's as part of this program are limited by the number of embryos available and the medical indications.

SERVICES NOT INCLUDED IN THE PROGRAM FEE

- Any expense related to the treatment of medical complications, such as ovarian hyperstimulation, infection, tubal pregnancy, or spontaneous abortion (miscarriage)
- Any costs related to the acquisition of donor semen, if needed
- Counseling or psychological assistance related to infertility issues

Initials _____
Patient Patient