

Become an International **Freeze-verified**TM clinic!

We're on a mission to make choosing a clinic easier for women who want to freeze their eggs! Please complete this form and scan and email/fax it to Freeze at clinic-relations@freeze.health or +1 (954) 342-6562.

* = mandatory field

1. What's the name of your clinic?*

2. What's your name?*

We'd like to know who submitted this form so we have a point of contact if we need to confirm any information. Your name will not be displayed publicly.

First name: _____ Last name: _____

3. What is your email address?*

Your email address will not be displayed publicly, but will be used for communication with the Freeze team.

4. Do you accept patients that are non-citizens in the county where your clinic is located?*

Note: if you do not accept international patients, you are not eligible to be listed on Freeze.

Yes, we DO accept international patients.

No, we DO NOT not accept international patients.

5. How much does a Single Cycle of egg freezing cost?*

Please denote which currency. Note: The Single Cycle cost includes ALL COSTS except medications. Please make sure to include all costs for blood work, ultrasounds, monitoring appointments, anesthesia, and any other costs that may be incurred from the beginning to the end of a cycle.

6. What is the cost of medication?* _____

We understand it varies per patient, so please provide a range.

7. Is any storage included in the Single Cycle fee?* **Yes** **No**

8. How many MONTHS of storage are included in the Single Cycle Cost?*

9. How much does it cost to store eggs for ONE YEAR?* _____

10. Does your clinic offer financing options for egg freezing patients?*

Yes **No**

11. Please explain the process, including fees, for a patient to ship the eggs to her home country.*

12. Are the costs in questions 5-11 for an international/non-citizen patient the same as the costs for a citizen?* **Yes** **No**

If no, what is the difference in cost for an international/non-citizen vs. citizen patient? Please be as detailed as possible.

13. Is there anything that patients who are international/ non-citizens should know? (i.e. additional costs, laws for international patients, restrictions on who can freeze based on age or marital status, etc.)

14. How much does an initial consultation cost?* _____

15. Can the initial consultation be performed virtually?*

Yes, it can be virtual **No**, it must be in-person

16. What is the best way for patients to book an initial consultation?*

Online, by phone, or either? Please provide phone number, online form link, and/or email address that patients should use to book an initial consult.

17. What is your clinic's website? *

Please provide your site in English. If you have a separate site specifically for egg freezing patients and/or international patients, please provide that.

18. Please provide links to your clinic's social media accounts:

We like to be social! We'll follow you from our accounts

19. Would you be willing to discuss offering a discount or promotion to the Freeze community for egg freezing at your clinic? * **Yes** **No**

20. How did you hear about becoming Freeze-verified?*

21. If you have any other additional information or comments, please write here.

22. How many egg freezing cycles has your clinic performed? _____

23. How many eggs from your clinic have been thawed for the purpose of implantation? _____

24. How many pregnancies have resulted from those thawed eggs? _____

25. By which method do you freeze eggs at your clinic? *

Vitrification Slow Freeze Other: _____

Last but not least, please send a high-resolution version of your clinic's logo to clinic-relations@freeze.health so we can include it with your profile.*

You're done!

Please fax this completed form to +1 (954) 342-6562 or email to clinic-relations@freeze.health