

Become a **Freeze-verified**TM clinic!

Many of the fields on this form are optional, but we encourage you to fill out as much information as you can in order to give the Freeze community the most complete information possible to make a decision on where to freeze.

* = mandatory field

Name of Clinic * _____

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 _____

Your Email Address * _____

Your email address will not be displayed publicly, but will be used for communication with the Freeze team if we need to reach you.

Your Phone _____

Your business phone - a direct line, if possible. This will not be displayed publicly, but will be used for communication if the Freeze team has additional questions on your profile.

Initial Consultation

Please assume that pricing is for a cash paying/non-insured patient interested in a single cycle of egg freezing.

How much does an initial consultation cost? * _____

Is any of this cost applied to the cost of a single cycle? _____

e.g. If you charge \$300 for an initial consultation, and \$10,000 for a cycle, would any of the \$300 that the woman spent on the initial consult be applied as a credit to the \$10,000 cycle price? Please clarify if all, part, or none of the cost would be applied.

Which blood tests do you require before a cycle starts? *

What is the cost to perform these blood tests in your clinic? * Remember to assume that this is a cash-paying, uninsured patient.

Do you require an ultrasound before a cycle starts? *

Yes, we require an ultrasound before a cycle starts, and it is included in the cost of the initial consultation.

Yes, we require an ultrasound before a cycle starts, but it is NOT included in the cost of the initial consultation. The cost of this ultrasound in our office is: _____

No, we do not require an ultrasound before a cycle starts.

Are there any other costs that may be incurred before a cycle starts?

Examples may include additional consults, additional cost for longer appointments, equipment fees, fees for in-office venipuncture or laboratory fees that are not included in the lab test cost above, etc. Please list, including pricing (provide range if pricing is variable) and whether these are required costs for all patients, or optional. (If any costs are optional, please explain in what circumstances it may be recommended or required.)

Is there any other information about the process and fees leading up to a cycle start that patients should be aware of?

Single Cycle

Please assume that pricing is for a cash paying/non-insured patient.

How much does a single cycle of egg freezing cost? * _____

Does this price include all blood testing during the cycle? * Yes No

If not, what is the additional cost (please specify if this is an exact amount, approximate or range) for cash-paying, non-insured patients when performed in the office for the entire cycle? _____

Does this price include all ultrasounds performed during the cycle? * Yes No

If not, what is the additional cost (please specify if this is an exact amount, approximate or range) for cash-paying, non-insured patients for the entire cycle? _____

Does this price include all consultations by doctors, nurses, and other clinic staff during the cycle? * Yes No

If not, what is the additional cost (please specify if this is an exact amount, approximate or range) for cash-paying, non-insured patients for the entire cycle? _____

Does this include anesthesia & anesthesiologist fees during the retrieval? * Yes No

If not, what is the additional cost (please specify if this is an exact amount, approximate or range) for cash-paying, non-insured patients? _____

Are there any other costs that may be incurred during a cycle?

Examples may include monitoring costs, additional cost for longer appointments, equipment fees, facility fees, etc. Please list, including pricing (provide range if pricing is variable) and whether these are required costs for all patients, or optional. (If any costs are optional, please explain in what circumstances it may be recommended or required.)

Is there any other information about the process and fees of a single cycle that patients should be aware of?

Storage & Follow-up

Please assume that pricing is for a cash paying/non-insured patient.

Does your clinic offer long-term onsite storage? * **Yes** **No** ie, could a woman store her eggs in your clinic for several years?

Is any storage included in the single cycle fee? * **Yes** **No**

If yes, how many months are included in the single cycle price? _____ months

How much does it cost to store eggs onsite at your clinic? _____ per year

If you do not offer onsite storage, leave this field blank.

Do you have a preferred long term storage vendor? If so, who is it, and what is the cost for one year? Please note, if you have not listed pricing for storage at your clinic, pricing for storage from a preferred long-term storage vendor is required for a complete profile on Freeze.

Do you charge a fee for patients to transfer to long-term storage? * **Yes** **No**

Assume the patient is coordinating and paying for her own shipping.

If you do charge for transfer to long term storage, what is the fee? _____

Are there any additional costs that may be incurred after the cycle has ended?

Examples may include additional follow-up consults, blood work, ultrasounds, etc. Please list, including pricing (provide range if pricing is variable) and whether these are required costs for all patients, or optional. (If any costs are optional, please explain in what circumstances it may be recommended or required.) Please exclude costs for when a patient may come back to unfreeze her eggs.

Is there any other information about the process and/or fees after a woman has completed her cycle that she should be aware of?

Do you offer discounts on any additional cycles? If so, please explain these discounts and any exclusions or terms that are associated with them. (For example, \$1,000 discount on two cycles if a woman prepays for both; \$500 discount if a woman comes back for a second cycle in the next six months, etc.)

Insurance & Financing

Is your clinic in-network for any major insurance plans?* **Yes** **No**

Please list all insurance plans for which you are in-network:

Does your company provide directly, or work with any third parties to provide, financing options to egg freezing patients? * **Yes** **No**

Please list the financing options offered, including if they are offered by your clinic directly, or by a third party.

Please list any other discounts that egg freezing patients in your clinic can expect to receive:

Eg: specialty pharmacies, long-term storage, etc.

Additional Clinic Information

How many egg freezing cycles has your clinic performed? _____

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

How many pregnancies have resulted from those thawed eggs? _____

What is your clinic's website? * If you have a separate site specifically for egg freezing patients, please provide that.

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

We like to be social! We'll follow you from our accounts, and link to your social media accounts from your listing on the Freeze site so our community can find you there, too.

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.

What is your clinic's mailing address? *

Do you see patients at this address, and/or do you have additional locations? *

If you have more than one location where you see patients, the Freeze team will contact you to collect the addresses of your additional locations.

Yes, we see patients at the above address, and it is the ONLY address where we see patients.

Yes, we see patients at the above address, but we also see patients in at least one other location. Please contact me to provide our other locations.

No, we don't see patients at this address. Please contact me to provide the location(s) where we see patients.

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

How did you hear about Freeze? * _____

Please fax this completed form to (954) 342-6562.

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.