

## Exhibit A

### FEMALE

Females must be under the age 38 at the time of signing the Agreement. All services must be completed by your 39<sup>th</sup> birthday. Frozen embryos cycles must be completed within one year of the signed date of agreement, unless a successful pregnancy has been confirmed by ultrasound at eight (8) weeks gestation.

- Acceptable uterine function, as defined by sonohysterogram and a baseline gynecological ultrasound.
- Anti-Mullerian Hormone level (AMH) >1,
- Follicle stimulating hormone (FSH) <10,
- Body Mass Index (BMI) under < 35
- Must have both ovaries
- Does not smoke
- Negative screening for HIV, Hepatitis, etc.
- All services related to IVF and Frozen Embryo Transfer must be completed at Mid-Iowa Fertility, no outside monitoring allowed
- Must be patient's initial IVF cycle or previous IVF cycle that resulted in pregnancy

### MALE

- Acceptable semen analysis and morphology, sperm count > 10,000,000 with normal morphology
- Negative screening for HIV, Hepatitis, etc.
- Does not smoke

### Exclusions

- Tubal disease (must have laparoscopy/hysteroscopy to remove tubes)
- If history of recurrent pregnancy loss (must do PGT-A)
- Does not smoke or chew
- If previous IVF cycle completed and resulted in no pregnancy

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**Initials**

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**Initials**

**Shared Risk Program**  
**Exhibit B**  
**Inclusions/Exclusions from Program**

**INCLUDED IN THE PROGRAM FEE**

- IVF education class and injection teaching
- Blood tests and ultrasounds to monitor ovarian response
- Retrieval of oocytes performed in the clinic under conscious sedation
- Fertilization of egg(s) with male sperm (ICSI required)
- Incubation in embryo laboratory
- Cryopreservation includes one year of any excess embryos to facilitate potential frozen embryo cycle
- Embryo transfers
- All services related to frozen transfers (FET) The number of FET's is limited to the number of frozen embryos available

**EXCLUSIONS**

- Surgical fees related to but not limited to tubal disease, fibroids, endometriosis, polyps
- Any expense related to the treatment of medical complications, such as ovarian hyperstimulation, infection, tubal pregnancy, or miscarriage
- Any cost related to the purchase of donor sperm and storage
- Counseling or psychological assistance related to infertility issues
- Medications
- Blood test to determine pregnancy and Ultrasound(s)
- Preimplantation Genetic Testing PGT-A and related biopsy
- Recurrent Pregnancy Loss without PGT-A

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**Initials**

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**Shared Risk Program  
Exhibit C**

**PROGRAM FEES AND REFUNDS PROTOCOLS**

<u>Age</u>	<u>Under age 38</u>	<u>Age 38</u>
Program fee	\$19,000.00	\$22,00.00
Withhold amounts as defined in Exhibit D	\$3,000.00	\$4,000.00

Refunds are issued within two (2) weeks of the following:

- Termination of the agreement by patient
- Termination of the agreement by MIF
- Confirmation of a second (2) unsuccessful cycle and completion of all available and appropriate frozen cycles

Other considerations:

- Prenatal and delivery fees and expenses are not covered by SRP
- All pregnancy tests and ultrasounds to determine a viable pregnancy are **not** covered by SRP and will be filed to your insurance.
- MIF reserves the right to limit the number of patients enrolled in the SRP at any given time. Patients are accepted into the CSP on a first come, first served basis.
- MIF reserves the right to terminate or amend the program at any time provided this action does not adversely affect the medical condition of the patients.

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## Exhibit D

### Withhold Definitions

#### Withhold Scenarios

\$19,000.00	Program Fee, withholds of \$3,000.00 will be taken based on one of the scenario (s):
\$3,000.00	Unsuccessful/Attempt – no pregnancy following IVF with fresh transfer. If frozen embryos are available a frozen embryo transfer is included in the Program Fee.
\$3,000.00	Cancelled cycle – no embryos available for transfer or cycle cancelled due to poor or lack of response. You would start a 2 <sup>nd</sup> IVF cycle
\$3,000.00	Cycle cancelled due to patient not in compliance with physician or nurses' instructions: SRP is terminated, refund is determined by Program Fee minus any services received at full fee and withhold Patient cancels cycle - SRP is terminated, refund is determined by Program Fee minus any services received at full fee and withhold

#### Withhold Scenarios

\$22,000.00	Program Fee, withholds of \$4,000.00 will be taken based on scenario(s):
\$4,000.00	Unsuccessful/Attempt – no pregnancy following IVF with fresh transfer
\$4,000.00	Cancelled cycle – no embryos available for transfer or cycle canceled due to poor or lack of response
\$4,000.00	Cycle cancelled due to patient not in compliance with physician or nurses instructions: SRP is terminated, refund is determined by Program Fee minus any services received at full fee and withhold. Patient cancels cycle SPR is terminated, refund is determined by Program Fee minus any services received at full fee and withhold