

## Costed Treatment Plan

Patient ID label

Partner ID label (if applicable)

Contact phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**This is your personalised Costed Treatment Plan. Your plan should be explained to you in full before you pay for or start any consultation, investigation or treatment.**

If you have any questions or concerns about your plan, please speak to a member of the team. If your treatment plan changes, a new plan should be completed. All prices include VAT.

Consultation and investigation			
Appointment type	Information	Cost	Select
<b>Consultation</b>	Initial consultation with a Consultant	£230	
<b>Follow-up consultation</b>	Follow up appointment with a Consultant within 12 months	£150	
<b>Nurse consultation</b>	Nurse consultation/ treatment planning and consent appointment with one of our specialist nurses	£130	
<b>Baseline scan</b>	Transvaginal pelvic ultrasound scan to assess ovaries, tubes and endometrium before start of treatment	£100	
<b>Follicle tracking scan</b>	Transvaginal pelvic ultrasound scan to assess follicular growth during a cycle	£90	
<b>Saline infusion sonography</b>	Transvaginal pelvic ultrasound scan with saline infusion to better assess uterine and tubal anatomy	£350	
<b>Hysterosalpingogram (HSG)</b>	Tubal patency test using X ray imaging	£400	
<b>Additional counselling</b>	Additional counselling	£65	
<b>Pregnancy scan</b>	Additional pregnancy scan (where not clinically required)	£100	
<b>Female investigations</b>	HSG and baseline scan. Blood tests for HIV, Hep B, Hep C, AMH, FSH, prolactin, oestrogen, progesterone and Rubella. Urine test for Chlamydia	£635	
<b>Male investigations</b>	Semen Analysis and test wash. Blood tests for HIV, Hep B, Hep C, CMV and Syphilis, and urine test for Chlamydia and Gonorrhoea	£330	
<b>Blood born virus singular</b>	Blood test for one of the following: HIV, Hep B or Hep C	£40	
<b>Blood born virus package</b>	Blood test for all three of the following: HIV, Hep B and Hep C	£115	
<b>CMV</b>	Blood test for CMV	£40	
<b>Chlamydia</b>	Urine test for Chlamydia	£40	
<b>Gonorrhoea</b>	Urine test for Gonorrhoea	£35	
<b>Syphilis</b>	Blood test for Syphilis	£35	
<b>Sexual health screening package</b>	Blood test for HIV, Hep B, Hep C, CMV and Syphilis, and urine test for Chlamydia and Gonorrhoea	£230	
<b>Cystic fibrosis screen</b>	Blood test to screen for Cystic fibrosis carrier status	£210	

Consultation and investigation			
Appointment type	Information	Cost	Select
<b>Karyotype</b>	Blood test to screen chromosomal abnormalities	£385	
<b>AMH</b>	Blood test for AMH	£80	
<b>beta-hCG</b>	Blood test for beta-hCG	£40	
<b>Female endocrine package 1</b>	Blood tests for FSH, LH, prolactin, oestrogen or progesterone	£35	
<b>Female endocrine package 2</b>	Blood tests for AMH, FSH, prolactin, oestrogen and progesterone.	£95	
<b>Rubella</b>	Blood test for immunity to Rubella	£35	
<b>Male endocrine package</b>	Blood test for FSH, LH, testosterone and prolactin	£50	
<b>Y chromosome deletions</b>	Blood test for Y chromosome deletions	£200	
<b>Male genetics screen</b>	Blood tests for Cystic fibrosis and karyotype	£600	

Treatment packages			
Treatment type	Package includes	Cost	Select
<b>Ovulation induction (OI) using Clomid or Letrozole</b>	Nurse planning appointment, counselling, scans through cycle, Clomid/ Letrozole stimulation, trigger injection (HCG) if required, luteal support (if required), progesterone blood test, early pregnancy scan (if pregnant), follow up consultation with nurse or doctor (if required)	£285 (plus prescription charge*)	
<b>Ovulation induction (OI) using gonadotrophins e.g. Gonal F</b>	As above, but with gonadotrophin stimulation instead of Clomid/ Letrozole	£825	
<b>Intrauterine Insemination (IUI) natural cycle</b>	Nurse planning appointment, counselling, screening, scans through cycle, trigger injection (HCG) if required, partner sperm preparation, insemination, luteal support (if required), progesterone blood test, early pregnancy scan (if pregnant), follow up consultation with nurse or doctor (if required)	£600	
<b>Intrauterine insemination (IUI) using gonadotrophins e.g. Gonal F</b>	As above for natural cycle IUI, plus gonadotrophin stimulation	£1,250	
<b>Donor insemination (DI) natural cycle or using Clomid or Letrozole</b>	Nurse planning appointment, counselling, screening, scans through cycle, Clomid/ Letrozole stimulation (if required), trigger injection (HCG) if required, NUH Life donor sperm, thaw and preparation, insemination, luteal support (if required), progesterone blood test, early pregnancy scan (if pregnant), follow up consultation with nurse or doctor (if required), HFEA treatment fee	£1,550 (plus prescription charge for Clomid/ Letrozole*)	
	As above, without NUH Life donor sperm**	£750	
<b>Donor insemination (DI) using gonadotrophins e.g. Gonal F</b>	As above for natural cycle DI, with gonadotrophin stimulation	£2,200	
	As above, without NUH Life donor sperm**	£1,400	

\*NHS prescription costs are set by the UK government. The price at September 2024 is £9.90

\*\*Assumes patient will source donor sperm externally - **Please note:** If you have chosen to source a donor from another UK HFEA licensed centre for use in your treatment at NUH Life, the cost of the donor samples and the transport of those samples to our unit is in addition to the prices given above

## How to pay

- Payment is by credit/ debit card in full in advance of the consultation/ investigation/ start of treatment.
- Payments can be made in person at the clinic or by telephone on 0115 9249924 ext: 81238.
- A receipt/ authorisation code will be given as proof of payment for each transaction.
- Cash, cheques, bank transfer and private medical insurance are not accepted.

- Payments must be made in full. Payment plans and post-treatment invoicing are not provided.

### Terms and Conditions

- If the treatment plan changes, a new Costed Treatment Plan should be completed.
- If payment is not received, NUH Life reserves the right to withhold services. For example, if a patient having IUI treatment has not paid for the treatment, the insemination will not go ahead.
- Where investigations e.g. blood tests, are performed for patients outside of treatment pathways and without recommendation from NUH Life clinical team, results will be issued to the patient but not interpreted. For clinical interpretation of results a consultation is required.
- The Costed Treatment Plan is valid for 6 months from the date of signing.
- All fees are subject to regular review and NUH Life reserves the right to increase fees at any time.
- Where consultations, investigations, treatments or services are cancelled, the refund policy will be enacted (see below)
- Separate Terms and Conditions and Agreements are in place for andrology laboratory services, donor sperm purchase for use in treatment elsewhere and sibling sperm reservation.
- Where patients, partners or relatives exhibit abusive, violent and/ or harassing behaviour either in person, verbally or in writing towards any member of NUH Life staff, NUH Life reserves the right to withhold services in accordance with NUH Policy HSP013

### Cancellation policy

For appointments cancelled with less than 24 hours' notice, or not attended, and where full payment has already been taken, NUH Life will charge the following amounts according to appointment type:

Appointment cancellation policy			
Appointment type	Fee paid in advance	Refund amount	Cancellation fee
Consultation	£230	£180	£50
Follow-up consultation	£150	£100	£50
Nurse consultation	£130	£80	£50
Baseline scan	£100	£50	£50
Saline infusion sonography	£350	£300	£50
Hysterosalpingogram (HSG)	£400	£350	£50
Additional counselling	£65	£40	£25
Pregnancy scan	£100	£50	£50

Occasionally treatment cycles are abandoned or cancelled part way through. There are many possible reasons for this, including clinical reasons (over or under response), patient choice, patient/ partner withdrawal of consent, illness, personal circumstances, IUI sample can not be produced, IUI sample not suitable for treatment etc.

For the purposes of the cancellation policy, an IUI or DI cycle is classed as complete when the insemination has been performed. If your treatment cycle is not completed, and where full payment has already been taken, NUH will refund a proportion of the fee you paid, resulting in a cancellation fee as follows:

Treatment cancellation policy				
Cycle type	Stage of abandonment	Fee paid in advance	Refund amount	Cancellation fee
Any type	Day of first scan e.g. cycle not started	Full treatment fee	Full treatment fee minus £85	£85
IUI natural cycle	After first scan, before day of insemination	£600	£345	£255
IUI natural cycle	On day of insemination	£600	£145	£455
IUI with gonadotrophins	After first scan, before day of insemination	£1,265	£345	£905
IUI with gonadotrophins	On day of insemination	£1,250	£145	£1,105

Treatment cancellation policy				
Cycle type	Stage of abandonment	Fee paid in advance	Refund amount	Cancellation fee
DI natural cycle/ Clomid/ Letrozole**	After first scan, before sample thaw on day of insemination	£1,550	£1,145	£405
DI natural cycle/ Clomid/ Letrozole**	On day of insemination, after sample thawed	£1,550	No refund due	£1,550
DI with gonadotrophins**	After first scan, before sample thaw on day of insemination	£2,200	£1,145	£1,055
DI with gonadotrophins**	On day of insemination, after sample thawed	£2,200	No refund due	£2,200
Any type	Any stage due to patient non-compliance without notice e.g. gone travelling, did not attend	Full treatment fee	No refund due	Full treatment fee

\*\* Using NUH Life donor sperm.

### Agreement

- The cost of my consultation/ investigations/ treatment has been explained to me in full and I accept the Terms and Conditions laid out in this document.
- I understand that non-compliance with the Terms and Conditions laid out in this document may result in NUH Life withholding services in accordance with local and Trust policy.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Partner signature (where applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Advised of Ts & Cs and cancellation policy: \_\_\_\_\_ Date: \_\_\_\_\_

Treatment plan explained by: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment tracker (Clinic use only)

Treatment type	Amount paid	Date	Staff Initials	Refund due? Y/N	Reason for refund	Refund amount	Date given and staff initials