

THIS IS NOT A FINAL QUOTATION IT IS JUST AN ESTIMATE  
**FERTILITY PROGRAM 2021**  
**PROFORMA INVOICE**

**IVF/ICSI PROGRAM**

|                             |            |   |                    |
|-----------------------------|------------|---|--------------------|
| Consultations and scans     | R4,250.00  | } |                    |
| Aspiration doctors fee      | R8,300.00  |   |                    |
| Lab Fees*                   | R46,605.00 |   |                    |
| Embryo Transfer doctors fee | R1,800.00  |   |                    |
|                             |            |   | <b>R 60,955.00</b> |

**Medication Estimated Cost:** **R 15,000.00**

**Anaesthetist** Fee R 1,975.00

**Medfem Intercare Hospital**

|                 |                                |                   |
|-----------------|--------------------------------|-------------------|
| Aspiration      | } settle at Hospital Admission | R 4,080.00        |
| Embryo transfer |                                | R 2,790.00        |
|                 |                                | <b>R 6,870.00</b> |

**Total: R 84,800.00**

Please note that no medication will be dispensed before the deposit is paid.

**NO medication may be returned for a refund.**

\*Lab fees includes the following.

- ICSI
- Assisted hatching
- Embryo Glue, if indicated

**Payment Schedule:**

- Treatment will start on day 2/3 of your menstrual cycle on the short protocol and on day 21 if you are following the long protocol. If medication needs to be collected beforehand then the first payment is required.
- 1<sup>st</sup> Payment at commencement of treatment **R70,000.00**.
- 2<sup>nd</sup> Payment at day of aspiration covering all other expenses incurred on the program.
- Hospital costs are paid separately on day of aspiration and embryo transfer.

**Additional:**

Extra Medication at pharmacy  
PGD: Embryo Biopsy: R13,416.00  
Embryos Freeze up to six: R8,000.00  
Storage Fee R2,000.00 per year

**Pre-genetic diagnosis testing payable to Next Genetics –R4,450.00 (minus 20% per embryo-R3,560.00)**  
**(please confirm costs directly)**

**BANKING DETAILS:**

Bank - ABSA Bank, Randburg  
**ACCOUNT NAME - MEDFEM FERTILITY CLINIC**  
Account type - Cheque  
**ACCOUNT NO. - 170 891 414**  
Branch code - 505705 or 632005  
Swift code - ABSAZAJJ

Physical address of ABSA Bank: Ferndale on Republic – shop number L65

E-mail proof of payment to: [accounts1@medfem.co.za](mailto:accounts1@medfem.co.za) / [accounts2@medfem.co.za](mailto:accounts2@medfem.co.za) / [accounts3@medfem.co.za](mailto:accounts3@medfem.co.za)

File no: ..... – please use as your reference. Amount: .....

Tel no. +27 (11) 463 2244

Fax no. 086 607 4451

**PLEASE NOTE:** No Embryo Transfer will take place if money is not paid. **Signature:** .....  
This quotation is valid from 01/02/2021 until 31/01/2022

