

ESTIMATED COST SHEET

IP1 Name / IP2 Name - Donor ABCD - 2024

Escrow needs to be fully funded with the total below within 5 business days

Be Egg Donation Agency Fee	\$12,500
Escrow Management Fee	\$500
Egg Donor Compensation	TBD
Egg Donor Psychological Screening	\$500
Egg Donor Genetic Consult	\$350
Intended Parent Attorney Fee	\$1,000-1,500
Egg Donor Reviewing Attorney Fee	\$500-800
Travel and Outside Monitoring Estimate	\$500-9,000
Egg Donor Complications Insurance	\$400-650
TOTAL DUE TO ESCROW:	\$XX,XXX

Expenses below will be paid directly to the 3rd party (clinic, pharmacy, surgical center, etc...)

Egg Donor Medical Screening	Not Included
Medications	Not Included
Hospital/Medical Costs	Not Included
This estimate is for ONE egg donation cy	rcle with the donor listed above
The "Not Included" expenses will be paid a Intended Parents	directly to the 3rd parties in a timely manner by the
The "travel and outside monitoring estimate be returned to you at the end of the cycle	ate" are only an estimate and any funds not used will
SIGNATURE	DATE
CICNATURE	
SIGNATURE	DATE