



Duke Fertility Center

FET Pricing Guide

MONITORING PHASE of the PROGRAM

The actual number of visits may vary according to your specific needs.

<i>Ultrasounds & bloodwork are usually covered by insurance</i>	CPT Code	
<i>ultrasound @ 354.00 each</i>	76857	354.00
<i>estradiol @ 237.00 each</i>	82670	237.00

FET		
<i>Thawing of embryo(s)</i>	89352	283.00
<i>Physician Fee</i>	58974	700.00
<i>Gamete Transfer Lab</i>	89255	770.00

TOTAL *required the day of your transfer*

1,753.00

*Payment for each visit is due at the time services are rendered.
This is an estimate of charges and does not include the cost of medications.
Charges are estimates and are subject to change without notice.*

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