



## DONOR MATCH CONFIRMATION – Patient Bill

The Cohort fee is \$14,900, plus \$490 shipping. If the expected shipping date is more than 30 days after the date of payment, Client must complete the attached Storage Billing Addendum for Cohort Storage and return it with this form. Client will not be charged for storage if the Cohort is shipped to the clinic within 90 days of the Cohort purchase date.

All sales are final once the Cohort leaves Fairfax EggBank.

TO BE COMPLETED BY CLINIC		
Cohort Confirmation		
The Intended Parent named below has chosen a Cohort from <b>oocyte donor #</b>		
Estimated Warming date	mm dd yyyy / /	Preferred Shipping Date mm dd yyyy / /
Clinic Contact Email		
Clinic Representative Signature	Date mm dd yyyy / /	
Shipping Information		
Physician's Name		
Name of Practice		
Shipping Address		
City	State	Zip Code
Phone Number	Fax Number	

TO BE COMPLETED BY INTENDED PARENT		
Name	Date of Birth mm dd yyyy / /	
Address		
City	State	Zip Code
Phone Number	Email	
Intended Parent's Signature	Date mm dd yyyy / /	

## BILLING ADDENDUM FOR COHORT STORAGE

All fees must be paid in full in US dollars.

### CURRENT PRICING

**First 90 days:** No charge

**Cohort Storage Fees after first 90 days (select one)**

- \$45 / month; must utilize credit card billing
- \$400 / year; may pay by credit card or check

At the end of a pre-paid annual storage term, Client may renew for an additional annual storage term by signing and delivering to FEB a new Billing Addendum. If Client fails to do so, Client will be charged at FEB's then-current monthly storage rate, on any credit card provided, each month until Client signs a new Billing Addendum or terminates the Storage Agreement.

### METHOD OF PAYMENT

- Check, money order or cashier's check enclosed for one-year term
- Credit card

CREDIT CARD INFORMATION		
Card type <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am. Express		
Card Number		
Expiration Date	mm dd yyyy / /	Security Code
Name as it appears on card		
Cardholder's Signature		
Mailing Address		
City	State	Zip Code
Phone Number	Email	

SIGNATURE	
Client Signature	Date

For Fairfax EggBank Use Only: Account # _____	Expiration Date for Pre-Paid Term _____
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