

**BILLING INFORMATION FOR TRANSFERRING
EMBRYOS, EGGS AND OVARIAN TISSUE FROM ANOTHER BANK**

Date of initial call _____

Patient(s) name with units to transfer _____

Bank units being transferred from:

Name: _____ Phone: _____

Address: _____ Fax: _____

Contact person _____

Intended date to ship _____

Packaging information: # of Vials _____ Straws _____ Glass ampules _____

Stored in: Vapor Phase _____ Liquid Nitrogen _____

Ship our tank _____ or bank shipping in their tank _____

Patient Information

Names _____ Phone _____

Address _____ SS# _____
_____ SS# _____

email _____ Date of births _____ / _____

Payment Information

MasterCard _____ Visa _____ Discover _____ Amex _____

Card #: _____ Security Code: _____ Expiration Date: _____

Fees

Shipping \$195.00

Handling fee (file set
Up and inventory transfer) \$75.00

Storage fee 1 year \$350.00 tested negative units, positive test \$700

Embryo storage CPT code: 89342 Oocyte storage CPT code: 89346

Lab protocol: Before transfer, send patient XTS release to Transfer form, Storage Agreement, blood draw order and HIV consent (if missing blood tests) Request copies of all screening/testing from clinic. When all paperwork received, tank can be shipped