

# Tiny Treasures Surrogacy, LLC

A Surrogacy Facilitation Agency

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## Prospective Parents Gestational Surrogacy Information Packet

Revised January 2015

### Introduction

Thank you for considering working with Tiny Treasures for your family-building efforts via surrogacy. We realize that the surrogacy process can be daunting and that you may encounter obstacles, losses, and frustrations along the way. We are here to guide you through the process from start to finish as smoothly as possible, so that you may focus solely on preparing for parenthood and the joy it will bring you. Tiny Treasures emphasizes the importance of sensitivity, open communication, and support with our clients. Our reputation has been described as highly professional, compassionate, and sensitive to our clients' needs. Tiny Treasures prides itself in recruiting highly qualified Surrogate candidates with characteristics desired by most Prospective Parents. We are confident in our ability to match you with a Surrogate who meets your unique needs. Tiny Treasures also works in conjunction with IVF clinics seeking Surrogate candidates for their patients. We are happy to build relationships and make specialized arrangements with physicians and IVF clinics in need of Surrogates for their patients.

All of our Surrogate candidates complete detailed profiles and must meet specific criteria to be accepted into our surrogacy program. These special women must be between the ages of 21 and 39 and meet the following criteria:

- Surrogates must have given birth to at least one child, who they are currently raising. It is preferable that the Surrogates are not interested in having any more children of their own.
- Surrogates must not have experienced any serious medical complications during prior pregnancies or deliveries.
- Surrogates and their partners must be non-smokers, drug-free, and not abuse alcohol. Surrogates must have abstained from smoking for at least one year prior to submitting a Surrogate application and may not have any history of illegal drug use.
- Surrogates must not be exposed to second-hand smoke at home or work.
- Surrogates must have the full emotional support of a partner/spouse and family/friends over the course of the surrogacy process. Surrogates must also reside in a stable and supportive home.
- Surrogates' body mass index must be under 35 for health reasons, as well as due to the potential impact of obesity on their bodies' response to medications taken during the IVF process.
- Surrogates and their partners may not have any history of criminal convictions; criminal background checks are required for all Surrogates and their partners, as well as for any other adults residing in the Surrogate's home.
- Surrogates should be financially stable and not receiving any government (federal or state) financial assistance (e.g., subsidized housing, food stamps, welfare, Medicaid).
- Surrogates must have reliable transportation to attend medical appointments.
- Surrogates may not be taking (nor have taken in the past year) any psychotropic (psychiatric) medication that has the potential to negatively impact pregnancy.
- Surrogates cannot have obtained any tattoos, body piercings or blood transfusions during the 12 months prior to initiating a surrogacy cycle. Surrogates may not obtain any new tattoos or body piercings while undergoing a surrogacy cycle.
- Surrogates should have a schedule flexible enough to attend all the medical appointments required for the surrogacy process, as well as to be able to take time off for bed rest if medically necessary during the pregnancy.

### What Is Gestational Surrogacy?

Surrogacy is an arrangement between a woman (the Surrogate) and Prospective Parents, wherein the Surrogate carries and delivers a child (or children) for the Prospective Parents, who are otherwise unable to carry and deliver a child on their own. There are two types of surrogacy: *Traditional Surrogacy* and *Gestational Surrogacy*. In traditional surrogacy, the Surrogate provides the eggs for the surrogacy cycle and, thus, has both a genetic and gestational connection to the child resulting from the surrogacy cycle. In gestational surrogacy, however, embryos formed by eggs and sperm from the Prospective Parents, Egg Donor and/or Sperm Donor, are transferred to the Gestational Surrogate's uterus via an IVF medical procedure, so that the Surrogate has no genetic connection to the child resulting from the surrogacy cycle. Due to

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legal and other complications that may arise with traditional surrogacy, Tiny Treasures only facilitates gestational surrogacy arrangements. Therefore, we use the general term “surrogacy” to specifically refer to gestational surrogacy.

## **Our Philosophy**

We are a surrogacy facilitation agency that helps guide Prospective Parents and Surrogates through the surrogacy process, from start to finish. Our agency matches Prospective Parents with Surrogates and manages all the complex arrangements associated with a surrogacy cycle. We are in the business of helping families conceive children that they are unable to conceive on their own due to a wide variety of reasons. We are here to be your partner in your family building journey. Tiny Treasures emphasizes the importance of sensitivity, open communication, and support with our clients. Our agency works with a wide variety of clients, including single, gay, and lesbian Prospective Parents, as well as traditional couples, both within the United States and internationally.

## **Services**

**Our Clients:** We work with a wide variety of clients, including single, gay, and lesbian Prospective Parents, as well as traditional couples.

**Service Locations:** With offices based in Massachusetts, New York, and California, Tiny Treasures works with Surrogates and Prospective Parents throughout the world.

**Overview:** Tiny Treasures is a surrogacy facilitation agency that guides Surrogates and Prospective Parents through the surrogacy process, from start to finish:

- Our agency will match Prospective Parents with the right Surrogate for them. Prospective Parents can choose a Surrogate from amongst our available Surrogate candidates or we can conduct a custom search for Surrogates meeting Prospective Parents’ unique criteria.
- Upon being matched with a Surrogate, we will refer Prospective Parents and their Surrogate to reputable third party reproduction attorneys. These attorneys will facilitate the contractual agreements between both parties by drafting, reviewing, and finalizing the surrogacy contract, as well as handling the legal complexities associated with birth orders and, if applicable, post-birth adoptions.
- We will refer Prospective Parents to reputable third party reproduction attorneys or insurance brokers, who will review their Surrogate’s health insurance policy for surrogacy exclusion clauses. We will also refer Prospective Parents to insurance brokers who can assist them in coordinating maternity health insurance coverage for their Surrogate, as well as make arrangements for life insurance to cover unexpected medical complications that may arise over the course of the surrogacy cycle or pregnancy.
- We will refer Prospective Parents to a third party reproduction trust account specialist, who will set up and manage a fund management account on the behalf of the Prospective Parents. This account will be used to distribute funds, as needed, for successful completion of the surrogacy cycle.
- We will refer Prospective Parents to reputable IVF clinics and reproductive endocrinologists, if requested.
- We will assist in managing the Surrogate’s medical and psychological appointments.
- Lastly, we will guide and support both Prospective Parents and Surrogates through the entire surrogacy process. We understand that surrogacy is an important and complex undertaking and we are here to be your "helping hand" throughout the process.

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## The Matching Process

The following steps describe the typical surrogacy matching process at Tiny Treasures:

- The Surrogate submits a Surrogate application/profile to Tiny Treasures. Each profile includes information regarding the Surrogate's medical, personal, and family background, as well as photos of the Surrogate and her family. The Surrogate also signs a medical release, which releases all of her prenatal and delivery medical records for prior births.
- Tiny Treasures reviews the application to ensure that the Surrogate meets basic screening criteria and a phone interview is then scheduled. During the phone interview, the Surrogate is further screened and the surrogacy process is reviewed in detail with her.
- If the Surrogate resides within driving distance of one of our offices, an in-person interview in the Surrogate's home (the "home visit") will then be scheduled. The Surrogate's partner/spouse should be present at that interview. If the Surrogate resides in an area that is not within driving distance of our office, the home visit may occur later in the process.
- During or immediately after the home visit, the Surrogate will complete a paper-and-pencil psychological/personality test (the PAI or MMPI), which screens for psychopathology.
- A background criminal check is performed on the Surrogate and her partner/spouse, as well as on any other adults residing in the Surrogate's home.
- Once these steps are complete, the Surrogate's profile is released to Prospective Parents for consideration. No identifying information, such as the Surrogate's name, address, or contact information will be released to Prospective Parents at this time.
- Prospective Parents interested in working with the Surrogate will complete a profile about themselves, which will be provided to the Surrogate they are interested in working with. Similar to the Surrogate's profile, the Prospective Parents' profile will not contain identifying information, such as their names, address, or contact information. The purpose of this profile is for the Surrogate to determine if she is interested in meeting the Prospective Parents.
- If the Surrogate determines she is interested in meeting the Prospective Parents, Tiny Treasures will arrange for the Prospective Parents and Surrogate to have a phone meeting. The Surrogate's partner/spouse is encouraged to participate in this phone meeting.
- If both the Surrogate and Prospective Parents decide they would like to meet in person after the phone meeting, Tiny Treasures will then coordinate the in-person meeting. It is recommended that the Surrogate's partner/spouse participate in this meeting, if possible. If the Surrogate and Prospective Parents reside within driving distance of Tiny Treasures' office, the meeting will occur at this office location. Otherwise, the meeting may occur at a location convenient for the Surrogate (e.g., near her home) or at a location convenient to the Prospective Parents (e.g., near their home). If the Surrogate is willing to travel for this meeting, Tiny Treasures will make the necessary travel arrangements and the Prospective Parents will be required to cover travel expenses.
- Once the Surrogate and Prospective Parents determine they would like to work together after the in-person meeting, the Surrogate will then be medically and psychologically screened by the Prospective Parents' IVF clinic. The IVF clinic will determine exactly what type of screening the Surrogate must undergo (see *Medical & Psychological Screening Process*). Prior to initiating this screening, the Prospective Parents will deposit funds into a Fund Management Account to cover the costs for medical and psychological screening of the Surrogate and her partner, as well as to cover legal expenses for the surrogacy contract.
- Once the Surrogate passes medical and psychological screening, the surrogacy contract will be negotiated, reviewed, and signed by both parties. The Prospective Parents and Surrogate will be referred to independent third party reproduction attorneys for the drafting and review of this contract, which will address legal implications of the surrogacy cycle, including legal responsibilities of both parties, compensation and expense coverage terms, parentage of children resulting from the surrogacy cycle, etc. Both parties are represented by independent attorneys to ensure that their legal interests are protected. The Prospective Parents are required to cover all legal expenses, including the cost of the Surrogate's attorney. Once the contract is signed, "legal clearance" is provided for the Surrogate to move onto the next step in the IVF cycle.

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- The Prospective Parents will then deposit additional funds into the fund management account to cover the remaining costs associated with the surrogacy arrangement.

## Medical & Psychological Screening

All medical and psychological screening must be completed before the IVF process begins. The initial consultation and screening appointment may require the presence of the Surrogate and her partner/spouse for several hours at the Prospective Parents' IVF clinic, depending on the IVF clinic's screening protocol. The Surrogate's screening protocol is determined by the IVF clinic and may include the following:

- **Psychological Screening:** Conducted by a psychologist or social worker to ensure that the Surrogate and her partner/spouse are aware of psychological implications associated with the surrogacy process. This screening will also help determine whether the Surrogate is psychologically sound enough to undergo surrogacy.
- **Medical Screening:** Generally consists of a series of blood tests, gynecological exam, cervical culture, examination of the uterine cavity (via hysterosalpingogram/HSG, hysteroscopy, or hysterosonogram) and a physical exam. This screening is completed to confirm that the Surrogate is healthy and medically fit to undergo surrogacy.
- **Partner/Spouse Screening:** If the Surrogate has a partner or spouse, s/he may also be required to undergo blood tests to screen for sexually transmitted diseases.

## Surrogacy IVF Cycle

Once the Surrogate is medically and psychologically "cleared," the surrogacy IVF cycle may be initiated. This cycle typically consists of the following:

- The Surrogate may be required to take birth control pills to help regulate her menstrual cycle and to synchronize it with the Prospective Mother's or Egg Donor's menstrual cycle.
- The Surrogate may be required to take a number of medications prior to and after the embryo transfer process, starting approximately 2 to 4 weeks prior to embryo transfer, and potentially continuing throughout the first trimester of pregnancy, as follows:
  - An injectable hormone medication known as a Gonadotropin releasing hormone (GnRH) agonist, such as Lupron, is usually taken on a daily basis for a few weeks prior to the embryo transfer to control the Surrogate's bodily hormone production/menstrual cycle.
  - Estrogen in the form of injections, pills, or patches is usually administered twice weekly to stimulate the development (thickening) of the endometrial lining (the lining of the uterus). This medication is usually started a couple of weeks before embryo transfer and may continue through the first trimester of pregnancy (approximately 10 to 12 weeks after embryo transfer).
  - Progesterone is usually started around the time the Prospective Mother or Egg Donor has her egg retrieval (typically 3 to 5 days prior to embryo transfer) and is taken on a daily basis, likely in the form of injections or vaginal suppositories, to improve the uterine lining and assist with embryo implantation. This medication may continue throughout the first pregnancy trimester (approximately 10 to 12 weeks after embryo transfer).
  - Other medications may be required, such as antibiotics (e.g., Doxycycline) to prevent potential infection before and/or after the embryo transfer.
  - It is important to note that IVF clinics' medication protocols may vary widely, so a Surrogate's specific medication protocol cannot be predicted prior to initiating the surrogacy process. The Surrogate will, however, have an opportunity to discuss the protocol in detail with the IVF clinic's physician and/or medical team during the initial consultation. It is also notable that a variety of medication forms (e.g., injections, patches, pills, suppositories, vaginal gels, or nasal sprays) may be used in medication protocols.
- The Surrogate will attend a few monitoring appointments, during which her hormonal levels are monitored via blood tests and the development (thickness) of her endometrial lining is monitored via ultrasounds.

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- The date of the Prospective Mother's or Egg Donor's retrieval will be known two days in advance. An estimated date range for the retrieval will be known prior to that, but the exact date is usually unknown until two days prior to the retrieval, as the retrieval timing depends on the body's response to stimulation medications. The retrieved eggs will be fertilized with the sperm on the day of retrieval. The fertilized embryos will then develop for 3 to 5 days before the embryo transfer occurs.
- The embryo transfer is generally completed in a short period of time (approximately 15 to 30 minutes) and should be painless, although some Surrogates may experience mild cramping. The procedure may feel similar to that of a pap smear. Neither anesthesia nor intravenous sedation is required for the procedure. The transfer procedure involves a very thin catheter, which contains the embryos, being inserted in the vagina and passed through the cervix into the Surrogate's uterus. The embryos are pushed through the catheter and transferred to the endometrial lining. The physician uses an ultrasound to guide the catheter during the procedure.
- Most IVF clinics require the Surrogate to rest and lay flat for 30 to 60 minutes after the embryo transfer.
- Instructions for post-transfer will vary from clinic to clinic, but many will require that the Surrogate abstain from strenuous physical activity or heavy lifting for 48 hours following the procedure. The Surrogate should consult with the IVF clinic regarding whether she can return to her normal work activities, engage in light housework, and/or travel the day after the procedure, as some IVF clinics may require bed rest for 24 to 48 hours following the embryo transfer.
- A blood test is usually performed approximately 14 days after egg retrieval/fertilization (9 to 11 days after embryo transfer) to determine if the Surrogate is pregnant. If the blood test is positive, the Surrogate may be required to return for another blood test approximately a week later to confirm that her beta level is increasing, as would be expected for a normal pregnancy.
- It is important for Surrogates to be aware that, for a variety of reasons, the initial embryo transfer may be unsuccessful (not result in pregnancy) and additional embryo transfers may be required. The Surrogate and Prospective Parents will agree, in advance, on how many embryo transfers the Surrogate is willing to undergo for the surrogacy process. Tiny Treasures recommends that the Surrogate be willing to undergo at least three embryo transfers for the Prospective Parents, although Prospective Parents may or may not want to undergo this number of embryo transfers. Their physician/medical team will advise them on how they should proceed if the initial embryo transfer is unsuccessful.
- Once pregnancy is verified via blood test(s), an ultrasound is usually scheduled 4 weeks after the embryo transfer to test for fetal heartbeat; this ultrasound should indicate how many fetuses exist.
- From that point on, the Surrogate may be required to attend one or two more ultrasounds appointments every two weeks, until she is cleared to be followed by a standard obstetrician for prenatal care for the remainder of the pregnancy through delivery.

### **Out-of-State/Area Surrogacy Arrangements**

Tiny Treasures coordinates both local and out-of-state/area surrogacy cycles. An out-of-state/area surrogacy cycle refers to an arrangement in which the Surrogate resides in a state or area other than that in which the Prospective Parents' IVF clinic is located, requiring the Surrogate to travel for the IVF cycle. Clinics vary with regard to out-of-state surrogacy protocols, but most clinics will allow an out-of-state Surrogate to be medically monitored at an IVF clinic local to where she resides. In such cases, Tiny Treasures will coordinate all the necessary arrangements with the local monitoring clinic. Most clinics will require that the Surrogate travel to their site for one or two days for medical and psychological screening appointments, which may require that the Surrogate stay at a hotel overnight near the clinic. The Surrogate's partner/spouse will likely need to attend the screening appointment with her. The Surrogate will also have to travel to the Prospective Parents' IVF clinic for the embryo transfer procedure, during which she will stay at a hotel local to the clinic for approximately 3 to 5 days, as some clinics require the Surrogate to be on bed rest for one to two days following the embryo transfer. In addition to coordinating all the arrangements with the Surrogate's local monitoring clinic, Tiny Treasures will coordinate the travel arrangements necessary for an out-of-state surrogacy cycle and the Prospective Parents will be required to cover the travel expenses. After the embryo transfer, follow-up medical care, including prenatal medical appointments and the delivery, may occur at a hospital / physician's office local to the Surrogate, as mutually agreed upon by the Surrogate and Prospective Parents.

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## Health Insurance

While it is preferable that a Gestational Surrogate be covered by her own health insurance policy, not having health insurance will not preclude a woman from being a Surrogate candidate. In general, most Surrogates' health insurances will not cover the expenses associated with medical / psychological screening or IVF procedures for the surrogacy cycle. Once the Surrogate is pregnant, her health insurance may or may not cover prenatal/maternity medical care and delivery expenses. Many insurance policies have surrogacy exclusion clauses, rendering such expenses ineligible for coverage. Given the complexity of navigating health insurance coverage for surrogacy-related medical expenses, Tiny Treasures will refer the Prospective Parents to an attorney and/or insurance broker who will provide assistance in investigating the Surrogate's health insurance policy to assess which medical expenses, if any, may or may not be covered by the policy. The Prospective Parents will be responsible for any expenses not covered by the Surrogate's health insurance (e.g., co-pays, deductibles, ineligible expenses). If the Surrogate's health insurance will not cover prenatal/maternity medical care and delivery expenses, the Prospective Parents will be required to purchase a health insurance policy for the Surrogate. Tiny Treasures will refer the Prospective Parents to an insurance broker who will assist them with making arrangements to purchase this health insurance policy for the Surrogate. Funds for the cost of health insurance premiums and/or medical expenses, including co-pays and deductibles, will be deposited in a fund management account by the Prospective Parents to ensure that these funds have been secured for the surrogacy arrangement. Arrangements for health insurance coverage for the newborn delivered via surrogacy must also be handled prior to delivery. Prospective Parents will have to make arrangements for their newborn to be added as a dependent to their family health insurance policy to ensure proper medical coverage. Prospective Parents are responsible for making these arrangements with their health insurance carrier directly.

## Legal Services

All surrogacy arrangements coordinated by Tiny Treasures require a surrogacy contract between the Surrogate and Prospective Parents. This contract will address important legal implications pertaining to the surrogacy arrangement, including legal responsibilities of both parties, compensation and reimbursement agreement terms, parentage of children resulting from the surrogacy, etc. The Surrogate and Prospective Parents must be represented by independent attorneys, who will draft and review the surrogacy contract for them, explain their legal rights to them, and address any legal concerns they may have regarding the surrogacy process. Prospective Parents will also work with their attorney to make arrangements for legalization of their parentage. Their attorney may provide additional services, such as:

- Fund management account services
- Review of Surrogate's health insurance for surrogacy exclusion clauses
- Post-birth adoption for second parent, if required for legalizing parentage
- Court appearances, if required for legalizing parentage
- Health insurance appeals for denied medical expense coverage
- Negotiating medical expenses with medical providers, if health insurance coverage is denied

Tiny Treasures has good working relationships with many attorneys who specialize in third-party reproductive law and will refer Prospective Parents and Surrogates to these attorneys. Prospective Parents may opt to identify their own third part reproduction attorney, as they are not required to work with any of the attorneys Tiny Treasures refers them to.

## International Client Services

Tiny Treasures is aware of the difficulties and obstacles international Prospective Parents may face with respect the surrogacy process. Surrogacy is illegal in many countries, resulting in this process not being an option for many international Prospective Parents in their country of residence. Due to countries' varying restrictions or lack of governance over surrogacy, Tiny Treasures cannot match international Prospective Parents with a Surrogate in their country of residence, nor can we coordinate a surrogacy cycle in that country. Tiny Treasures will, however, match Prospective Parents with a Surrogate who resides in the United States and coordinate the surrogacy cycle in the United

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States. Because surrogacy can be a daunting process, Tiny Treasures has implemented a program to smoothly facilitate the surrogacy process for international Prospective Parents across the world and will coordinate the complex arrangements necessary to complete a surrogacy cycle in the United States. We will assist international Prospective Parents in selecting a Surrogate and IVF clinic in the United States for their surrogacy IVF cycle.

The IVF cycle must occur in the United States and the Surrogate will be held to United States' surrogacy laws. Therefore, international Prospective Parents will be required to travel to the United States for the surrogacy cycle. Travel requirements will depend on the IVF clinic they choose to work with for their cycle, as well as on state laws regarding transfer of parentage in the state in which delivery occurs. IVF clinics typically require that international Prospective Parents travel to the United States for an initial screening and a consult, which may consist of a short (1 to 2 day) trip. The Prospective Parents will also need to travel to the United States to meet their Surrogate in person, although this may occur while the Prospective Parents are in the United States for their screening and consultation with the IVF clinic. An additional trip to the United States may be required for retrieval and embryo transfer if the Prospective Mothers' eggs or Prospective Father's sperm will be used for the embryo fertilization process. If the Prospective Mother will be providing her own eggs for the IVF procedure, she will likely be required to stay near the IVF clinic for the final week of the IVF cycle, until the egg retrieval is complete. If the Prospective Father's sperm will be used to fertilize the eggs, he will be required to be at the IVF clinic the day of the egg retrieval. In some cases, Prospective Parents may opt to use frozen eggs, sperm, or embryos, in which case their presence at the IVF clinic may not be required for embryo transfer. Travel requirements will vary according to their IVF clinic's specific protocol.

Prospective Parents will travel again to the United States for the Surrogate's delivery. Prior to and during this time, the Prospective Parents' third party reproduction attorney will work on necessary arrangements for legal transfer of parentage. Before Prospective Parents can take their infant home, the infant will need to be issued a passport. Because it can take two to six weeks to obtain such as passport (depending on the state in which the infant is born), Prospective Parents may need to stay in the United States for one to two months following delivery of their infant to allow sufficient time for post-delivery preparations. We strongly recommend that Prospective Parents work with an attorney in their country of residence to address any legal matters relevant to recognizing their parentage in their country of residence.

Prospective Parents will need to make arrangements for their newborn to have health insurance coverage prior to delivery. Tiny Treasures will refer Prospective Parents to an insurance broker who can assist them in making arrangements to purchase an international newborn medical care plan, which may need to be purchased as early as the Surrogate's 6<sup>th</sup> week of pregnancy.

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**Estimated Fee Schedule Overview**  
Effective January 2013

Excluding medical expenses (e.g., medical screening, IVF cycle procedures, medications) and Surrogate health insurance policy expenses (e.g., premiums, copays and deductibles), an overall estimate for expenses associated with a surrogacy arrangement starts at \$70,000, but can vary widely and may exceed \$100,000.

**General Fees**

Expense Category	Estimated Fee
Domestic (U.S.) Agency Fee <sup>1</sup>	\$22,000
International Client Surcharge	\$2,000
Surrogate Health Insurance Policy Review By Insurance Broker	\$150
Surrogate Health Insurance Policy <sup>2</sup>	Varies
Surrogate Life Insurance Policy ( <i>minimum \$200,000</i> )	\$330
Criminal Background Checks for Surrogate & Partner	\$200 - \$400
Psychological Screening for Surrogate & Partner	\$500 - \$1,000
Medical Screening for Surrogate & Partner	Varies by IVF Clinic <sup>3</sup>
Travel Expenses ( <i>if applicable for out-of-state/area surrogacy arrangement<sup>4</sup></i> )	\$1,000 – \$3,000
Local Monitoring Expenses ( <i>if applicable for out-of-state/area surrogacy arrangement<sup>4</sup></i> )	\$2,000 - \$4,000
Surrogate Medical Screening Expenses	Varies by IVF Clinic <sup>3</sup>
Surrogacy IVF Cycle Expenses	Varies by IVF Clinic <sup>3</sup>
Prenatal/Maternity Medical Care & Delivery Medical Expenses ( <i>if not covered by health insurance, including insurance deductibles and copays</i> )	Varies
International Newborn Care Plan ( <i>medical health insurance policy for newborns of international Prospective Parents</i> )	Varies

<sup>1</sup>Agency Fee Schedule (PLEASE NOTE THAT AGENCY FEES ARE NON-REFUNDABLE):

*First Retainer Payment: \$2,000 due as first half of retainer to reserve Surrogate based on review of her profile, prior to contact with Surrogate (phone meeting with Surrogate must occur within two weeks of submitting this retainer);*

*Second Retainer Payment: \$2,000 due within two weeks of phone meeting with Surrogate (in-person meeting with Surrogate must occur within two weeks of submitting this retainer);*

*First Progress Payment: \$7,000 due within two weeks of in-person meeting with Surrogate to confirm match and proceed with Surrogate's medical and psychological screening; international client surcharge (\$2,000) is also due at this time, if applicable;*

*Second Progress Payment: \$5,000 due within one week of legal clearance / signing of surrogacy contract with Surrogate;*

*Final Payment: \$2,500 due within one week of confirmation of fetal heartbeat*

<sup>2</sup>*Some Surrogates may have health insurance with prenatal care coverage; if Surrogate does not have such coverage or Surrogate's health insurance has a surrogacy exclusion clause, Prospective Parents will be required to purchase health insurance for Surrogate; if a Surrogate uses her own health insurance, back-up health insurance may be purchased starting at \$1,500 if benefits are not activated*

<sup>3</sup>*Prospective Parents should obtain estimates from IVF clinic for these fees*

<sup>4</sup>*An out-of-state/area surrogacy arrangement is defined as a surrogacy arrangement in which the Surrogate does not reside within reasonable driving distance of Prospective Parents' IVF clinic*

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## Surrogate Compensation & Reimbursements

Expense Category	Estimated Fee
Base Compensation <sup>1</sup> ( <i>first-time surrogate</i> )	\$32,000
Base Compensation <sup>1</sup> ( <i>experienced surrogate</i> )	\$35,000- \$45,000
Birth of Multiples	\$5,000 per fetus
Embryo Transfer	\$500 per transfer
Invasive Procedures	\$750 <sup>2</sup> to \$1,500 <sup>3</sup> per procedure
C-Section Delivery ( <i>if not pre-planned</i> )	\$2,000
Mock Cycle	\$500 per cycle
Non-Accountable Monthly Allowance <sup>4</sup>	\$200/month (\$3,000 limit)
Maternity Clothing	\$500 ( <i>singleton</i> ) to \$750 ( <i>multiples</i> )
Surrogate's Net Lost Wages ( <i>due bed rest per physician's order</i> )	Varies
Childcare Expenses ( <i>due bed rest per physician's order</i> )	Varies
Housekeeping ( <i>due bed rest per physician's order</i> )	\$75 per week
Loss of Reproductive Organs <sup>5</sup>	\$5,000
<b>Total Estimated Surrogate Compensation &amp; Reimbursements</b>	<b>\$36,000 to \$60,000+</b>

<sup>1</sup>Surrogate receives a monthly payment of 1/10<sup>th</sup> of compensation over 10 months, starting the month following fetal heartbeat confirmation via ultrasound; any portion of compensation not yet paid at time of delivery will be paid within one week of delivery

<sup>2</sup>Includes amniocentesis, prenatal diagnostic tests, CVS, D&C

<sup>3</sup>Includes fetal reduction and termination

<sup>4</sup>Covers miscellaneous expenses, such as lost wages and child care expenses for medical appointment attendance (unrelated to physician-ordered bed rest), postage and fax expenses, mileage and tolls and non-prescription medications; payments starts at legal clearance and continue through the month after delivery (not to exceed \$3,000)

<sup>5</sup>Includes fallopian tube loss, uterus loss, hysterectomy

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## Legal Fees<sup>1</sup>

Expense Category	Estimated Fee
Surrogacy Contract Drafting & Review <i>(Prospective Parents' Attorney)</i>	\$1,500 - \$3,475
Surrogacy Contract Review <i>(Surrogate's Attorney)</i>	\$500 - \$1,000
Fund Management Account	\$750 - \$1,500
Legal Review of Surrogate's Health Insurance Policy	\$0 to \$500
Birth Orders <sup>2</sup>	\$1,750 - \$3,500
Post-Birth Adoption for Second Parent <i>(if applicable)</i> <sup>2</sup>	\$2,500 - \$3,500
Court Appearance & Court Filing Fees <i>(if applicable)</i> <sup>2</sup>	Varies
Health Insurance Appeals for Denied Medical Expense Coverage <sup>3</sup>	\$750 per level of appeal
Negotiation of Medical Expenses with Providers <i>(if health insurance coverage is denied/unavailable)</i> <sup>3</sup>	Varies
<b>Total Estimated Legal Fees</b>	<b>\$10,500 - \$14,225+</b>

<sup>1</sup> Legal fees will vary by attorney; fees noted here represent average fees of the attorneys our Prospective Parents typically work with; clients may opt to work with any attorney of their choice

<sup>2</sup> Fees vary from state to state; additional fees may apply if attorney court appearance is required

**DISCLAIMER:** Tiny Treasures can only offer approximate estimates of the costs associated with a surrogacy arrangement. Actual costs incurred may differ from this expense summary. Fees are subject to change.

**REFUND POLICY:** Agency fees are non-refundable. In the event that the surrogacy arrangement is cancelled due to any reason (e.g., medical reasons, failure of medical/psychological screening, Surrogate incompliance), agency fees will be transferable towards surrogacy arrangement with an alternate Surrogate, but will remain non-refundable.