



## Tubal Reversal Quote

Name: \_\_\_\_\_ Date: \_\_\_\_\_

The fees are based on \_\_\_\_\_ feet \_\_\_\_\_ inches, \_\_\_\_\_ lbs, with a BMI of \_\_\_\_\_.

	BMI	DCM	Anesthesia	EMSC	Total
<input type="checkbox"/>	Up to 22 .....	\$2,133 .....	\$950 .....	\$2,210 .....	<b>\$5,293.00</b>
<input type="checkbox"/>	23 to 28 .....	\$2,223 .....	\$1,025 .....	\$2,210 .....	<b>\$5,458.00</b>
<input type="checkbox"/>	29 to 35 .....	\$2,283 .....	\$1,100 .....	\$2,210 .....	<b>\$5,593.00</b>
<input type="checkbox"/>	36 to 42 .....	\$2,634 .....	\$1,175 .....	\$2,210 .....	<b>\$6,019.00</b>
<input type="checkbox"/>	43 to 45 .....	\$3,510 .....	\$1,250 .....	\$2,210 .....	<b>\$6,970.00</b>

Total charges to be paid in full before services are rendered are:

**Dr. Martin (DCM) \$** \_\_\_\_\_

**Anesthesia \$** \_\_\_\_\_

**East Memphis Surgery Center (EMSC) \$** \_\_\_\_\_

Other fees which may apply:

- Non-Refundable deposit** of \$250.00 is required if the first visit is the day before surgery.  
(The Initial Office Consultation fee is waived in this situation)
- Initial Office Consultation** - \$80.00  
(Additional charges may apply if medical issues other than tubal surgery are discussed)
- Post-Coital Test** - \$99.00 (Detects sperm in the cervical mucus 6 to 18 hours after intercourse.  
This can be used in place of semen analysis.)

These tests can be done here or by your personal physician if needed. Fees are charged by the lab.

- Pap Smear** - \$61.00 (Lab Corp)
- GC & Chlamydia Geneprobe** - \$95.00 (Lab Corp)
- Semen Analysis** - \$100.00 (FAOM-Fertility Associates of Memphis or Baptist Hospital)

The next two tests determine ovarian aging (pre-menopause) and are routine for women over 42. They are suggested for women 38 to 42 and should be considered at ages 35 to 37.

- Day 3 FSH** - \$60.00 (Lab Corp)
- Day 3 Estradiol** - \$186.00 (Lab Corp)

### For Patient to Complete

Please indicate your acceptance of financial responsibility by signing below.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office to Complete

MRN \_\_\_\_\_ UTMG Employee \_\_\_\_\_

Comments \_\_\_\_\_