



**JOURNEYS OF THE HEART SURROGACY CENTER  
INTERNATIONAL INTENDED PARENT(S)  
FEE SCHEDULE**

The fees are good faith estimates of the costs involved in gestational surrogacy. Each case will differ depending on medical needs, insurance, pregnancy, surrogate and situational costs. We understand that we are to provide for the stated costs in this schedule of fees.

EXPENSE ITEM	AMOUNT	TO BE PAID
<b>JOURNEYS OF THE HEART SURROGACY CENTER FEES</b>		
<b>\$15,000 TOTAL</b>		
Program Fee	\$6,000	To JOHSC with signed Agreement and Fee Schedule
Second Program Fee	\$6,000	To JOHSC when Contract signed with Gestational Carrier
Third Program Fee	\$3,000	To JOHSC at confirmation of Pregnancy
<b>GESTATIONAL CARRIER COMPENSATION</b>		
<b>\$30,000 – \$36,000</b>		
Gestational Carrier Compensation Fee	<b>\$30,000</b> First Time Gestational Carrier <b>\$33,000</b> Second Time Gestational Carrier <b>\$36,000</b> Experienced Gestational Carrier	To JOHSC when Contract signed between Gestational Carrier and Intended Parent
<b>GESTATIONAL CARRIER FIXED EXPENSES</b>		
<b>\$7,200 – \$8,700</b>		
Gestational Carrier Compensation per Mock Cycle or Canceled Cycle	<b>\$300</b>	To JOHSC when Contract signed between Gestational Carrier and Intended Parent
Gestational Carrier Compensation for Embryo transfer	<b>\$500</b>	

Maternity Clothing Allowance	<b>\$500</b> for Singleton <b>\$800</b> for Multiples	To JOHSC when Contract signed between Gestational Carrier and Intended Parent
Monthly Allowance	<b>\$200 a month</b> , starting at time of match with surrogate (estimated 12-18 months)	
Counseling	<b>\$1,200 – \$1,800</b>	
Screenings (Home visit, Psychological evaluation, and criminal background checks)	<b>\$2,500</b>	To JOHSC with signed Agreement and Fee Schedule
<b>JOURNEYS OF THE HEART TRUST ACCOUNT FEE</b> <b>\$1,500</b>		
Trust Account Management	<b>\$1,500</b>	To JOHSC with signed Agreement and Fee Schedule
<b>LEGAL FEES</b> <b>ESTIMATED \$5,000 – \$9,500</b>		
Intended Parent Legal Counsel	<b>\$500 – \$2,000</b> Contract Review & Negotiation <b>\$4,000 – \$5,000</b> Parentage Proceeding	Paid Directly to Legal Counsel
Gestational Carrier Legal Counsel	<b>\$500 – \$1,500</b> Contract Review & Negotiations <b>\$500 – \$1,000</b> Parentage Proceeding	
<b>VARIABLE MEDICAL COSTS</b>		
Medical Screening for Gestational Carrier & Intended Parents	<b>Varies</b> These costs will depend on the IVF clinic, insurance and medical conditions. The estimate will be given to you by the IVF clinic.	Paid Directly to IVF Clinic
Gestational Carrier & Intended Parent IVF Cycle		
Pregnancy & Delivery Expenses	<b>Varies \$3,000 – \$5,000</b> This amount does not include Gestational Carrier's IVF medical costs, which can range from <b>\$0 to \$10,000</b>	Paid Directly to Medical Providers
Medical Insurance	<b>Varies \$3,000 – \$8,000</b>	To JOHSC with signed Agreement and Fee Schedule

Life Insurance	Varies <b>\$200 – \$700</b>	To JOHSC with signed Agreement and Fee Schedule
<b>OTHER POSSIBLE GESTATIONAL CARRIER COMPENSATION EXPENSES</b>		
Multiples pregnancy	<b>\$5,000</b> per additional child	To JOHSC at Confirmation of Multiples Pregnancy as per IP/GC Agreement
Amniocentesis or CVS	<b>\$500</b>	To JOHSC Prior to Procedure
Fetal reduction, abortion/termination, D&E	<b>\$1,000</b>	
Hysteroscopy	<b>\$500</b>	
Cesarean Delivery	<b>\$1,500</b>	
Loss of	Tube: <b>\$1,000</b> Ovary: <b>\$1,000</b> Uterus: <b>\$3,000</b>	To JOHSC at time of Loss
Breast Milk and Pumping Supplies	<b>Varies</b>	To JOHSC at time of Agreement regarding Breast Milk
Lost Wages	For Screening, Medical Procedures, Embryo Transfer, Bed Rest and Post-Birth Recovery plus Spouse's Lost Wages for Invasive Procedures and Delivery (based on GC's and Spouse's incomes)	To JOHSC Reserve Account at time of Contract between Gestational Carrier and Intended Parent
Child Care	For Screening, Medical Procedures, Embryo Transfer, Bed Rest and Post-Birth. Expense is typically <b>\$10-\$15 an hour</b> , but can vary).	To JOHSC Reserve Account at time of Contract between Gestational Carrier and Intended Parent
Housekeeping	Housekeeping Expenses shall not exceed <b>\$10 per hour or \$50 per day</b> . Required if Bed Rest is Prescribed by Doctor.  Housekeeping is at the option of GC beginning the 1 <sup>st</sup> day of the 3 <sup>rd</sup> trimester (28 weeks) and ending 3 weeks following delivery.	To JOHSC Reserve Account at time of Contract between Gestational Carrier and Intended Parent

	For multiple pregnancy, GC may begin receiving Housekeeping at 24 weeks. <b>The Optional Housekeeping shall not exceed \$100 a week.</b>	
Travel Expenses	<b>Varies</b> depending on location of Gestational Carrier. Companion travel is also provided for Transfers, Invasive Procedures & Delivery	To JOHSC Reserve Account at time of Contract between Gestational Carrier and Intended Parent
Reserve Fund	<b>\$5,000</b> (to be replenished by IP, if/when needed) To cover incidental costs (including, but not limited to, travel, GC lost wages, child care, housekeeping or unanticipated expenses)	To JOHSC Reserve Account at time of Contract between Gestational Carrier and Intended Parent

**Gestational Carrier Compensation:** After matching Gestational Carrier with Intended Parents, JOHSC will arrange with an independent escrow service to set up an escrow account into which Intended Parents will make an initial deposit of \$5,000. After the Gestational Carrier and Intended Parents have signed a Contract, Intended Parents shall deposit the balance of the estimated total Gestational Carrier compensation, through JOHSC, into the escrow account.

**Legal fees:** JOHSC shall draft a contract between Intended Parents and Gestational Carrier. The Gestational Carrier and Intended Parents each shall retain legal counsel for contract review and negotiation of terms. Intended Parents pay the contract review and negotiation, as well as the parentage proceeding legal and filing fees for both Intended Parents and Gestational Carrier. Legal Fees vary and Intended Parents shall pay them directly to the respective attorneys.

**Gestational Carrier Medical Expenses:** Intended Parents pay for all Gestational Carrier pregnancy and medical expenses, including IVF medical expenses. The amount of Intended Parents' medical and pregnancy payments depend on Gestational Carrier's medical situation and her existing insurance.

**All fees are subject to change.** Shaded areas describe services and fees provided by non-Journeys of the Heart agencies or individuals. These items are subject to change without notice.

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I/We understand the above fees and expenses and agree to pay them at the time they are due. In addition, we agree to the following:

1. Refunds: All fees are non-refundable. Under no circumstances will Journeys of the Heart refund fees paid by INTENDED PARENT to Journeys of the Heart.
2. Changes to Fee Schedule: All fees are subject to change. Journeys of the Heart reserves the right to increase fees without prior notice in a manner that applies equally and respectively to all similarly-situated INTENDED PARENTs. All fees will be charged and INTENDED PARENT is responsible for paying fees according to the Schedule of Fees in effect at the time of billing.
3. Fees paid to third parties: Shaded areas denote fees for services provided by agencies or individuals other than Journeys of the Heart. I/We understand that Journeys of the Heart has no control over these fees and that these fees can change without notice.

**SIGNED AND AGREED**

We/I understand and agree:

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Signature

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Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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Date

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Date