



Board Certified REI: Shvetha M. Zarek, M.D.

NPI: 1386810240

Major Insurances Accepted

REFERRAL FORM

Date: _____

Patient Name & DOB: _____

Patient Phone #: _____

Patient Email: _____

Referring Provider/Doctor Name: _____

Referring Provider/Doctor Signature: _____

Test(s) Requested (Please check all that apply)

**prices are reflective of costs without insurance*

- | | |
|--|---|
| ☐ Roots Testing (Bloodwork, Ultrasound, Follow-up Visit) - \$100 | ☐ Others, please specify _____ |
| ☐ New Patient Consultation Virtual/In Person - \$100/\$200 | |
| ☐ Ovulation Induction (OI) - \$250 | |
| ☐ Ovulation Induction (OI) and Intrauterine insemination (IUI) - \$800 | |
| ☐ Annual Tissue Storage (Embryos, Eggs, Sperm) - \$600 | |
| ☐ Egg Freezing - \$5,000 | |
| ☐ Sperm Freezing and Storage - \$500 | |
| ☐ Uterine Platelet Rich Plasma - \$2,200 | |
| ☐ IVF with Intracytoplasmic sperm injection (ICSI) - \$10,000 (anesthesia included) | |
| ☐ Frozen Transfer (includes embryo glue) - \$2,200 | |

Please call (314) 806-BABY (2229) to arrange your appointment. We accept most major insurance plans, excluding Medicare and Medicaid. Patients are encouraged to verify insurance coverage and costs for their appointments and any required testing directly with their insurance provider. Out-of-pocket costs vary depending on the services performed, starting at \$200 or more, and prices are subject to change. For additional details or pricing inquiries, or to schedule your visit, please contact our office at (314) 806-BABY (2229). Results will be sent to the referring provider via facsimile within 1-3 business days and provider signature is required. We are here to answer any questions and make your journey with Arbor Fertility™ as smooth as possible.

Fenton, MO	Columbia, MO
Creve Coeur, MO	Chesterfield, MO
St. Peters, MO	St. Charles, MO
Arnold, MO	O'Fallon, IL

🌐 www.arbor-fertility.com
Fax: (314) 463-5685
Phone: (314) 806-BABY (2229)

Need more forms? Contact: ✉ care@arborfertility.one



Semen Analysis Referral Form

Board Certified REI: Shvetha M. Zarek, M.D.

NPI: 1386810240

Major Insurances Accepted

Thank you for trusting Arbor Fertility™ with your patient's care. Below, you'll find the collection and submission guidelines to help ensure accurate and timely results. Our team will handle the details by ordering the patient's semen analysis kit, providing clear instructions, and guiding them through the process with care and support.

Semen samples are collected via an at home semen analysis kit. Once a patient is referred, we will order their semen analysis kit and they will receive an email from the at home semen analysis company with instructions on how to register with their portal. Upon registration, they will confirm their shipping details and complete the payment for the analysis. Upon collection, patients will be advised to drop off the sample at a UPS location on a Tuesday, Wednesday, or Thursday for proper processing. We will email the patient the above information as well.

Results & Consultations

- Patients will receive their results via email through the Fellow Portal within 7-10 business days.
- If patients have questions regarding their analysis, we will advise them to call (314) 806-BABY (2229) to schedule a consultation.
- You will receive updates regarding the patient's results and status.

Date: _____

Patient Name: _____ Patient Phone #: _____

Patient DOB: _____ Patient Email: _____

Test(s) Requested (Please check all that apply)

☐

Complete Semen Analysis \$199

*Count, Motility, and Morphology/ Home Collection Kit
(i.e., infectious disease testing not required)*

☐

IUI Sample Preparation \$300

*If patient would like to have IUI performed by OBGYN, we require HIV,
RPR, and Hepatitis C & B testing beforehand for sample preparation.*

Referring Provider/Doctor Name: _____

Referring Provider/Doctor Signature: _____

Nurse Name & Contact: _____

Send Results to (Office Fax #): _____

Thank you for entrusting your patient's care to Arbor Fertility™. Our team is dedicated to making this process as smooth and supportive as possible for you and your patients. Please do not hesitate to reach out if you have any questions.



Board Certified REI: Shvetha M. Zarek, M.D.
NPI: 1386810240
Major Insurances Accepted

Fallopian Tubal Patency Referral Form

Date: _____

Patient Name: _____

Patient Email: _____ Patient Phone #: _____

Test(s) Requested (Please check all that apply)

☐ Ultrasound Saline Tubal Patency Testing \$250
(performed cycle day 5 to 11)

☐ Fertility Monitoring Ultrasound \$150

**prices are reflective of costs without insurance*

Referring Provider/Doctor Name: _____

Referring Provider/Doctor Signature: _____

Nurse Name & Contact: _____

Send Results to (Office Fax #): _____

Please call (314) 806-BABY (2229) to arrange your appointment. We accept most major insurance plans, excluding Medicare and Medicaid. Patients are encouraged to verify insurance coverage and costs for their appointments and any required testing directly with their insurance provider. Out-of-pocket costs vary depending on the services performed, starting at \$200 or more, and prices are subject to change. For additional details or pricing inquiries, or to schedule your visit, please contact our office at (314) 806-BABY (2229). Results will be sent to the referring provider via facsimile within 1-3 business days and provider signature is required. We are here to answer any questions and make your journey with Arbor Fertility as smooth as possible.

Fenton, MO
Creve Coeur, MO
St. Peters, MO
Arnold, MO
Columbia, MO
Chesterfield, MO
St. Charles, MO
O'Fallon, IL

🌐 www.arbor-fertility.com
Fax: (314) 463-5685
Phone: (314) 806-BABY (2229)
Need more forms? Contact: ✉ care@arborfertility.one