

2026 Surrogacy Payment Schedule (Sample)

Estimated Total Journey Cost

The projected total estimated cost of a surrogacy journey with All Families Surrogacy ranges between:

- Approximately \$159,000 – \$184,000 if the \$20,000 variable expense deposit is largely unused and refunded.
- \$179,000 – \$199,000 (before any escrow refunds)

Major cost variables include:

- 1) Gestational Carrier (GC) Base Compensation (\$50,000 – \$70,000)
- 2) GC Health Insurance Requirements and Medical Expenses

IMPORTANT NOTE: Fertility clinic fees, IVF medications, and newborn delivery bills are NOT included in these estimates. Those costs are paid separately to the clinic and/or medical providers by the Intended Parent(s).

AGENCY FEES

All Families Surrogacy is a ‘Guaranteed Match’ program that DOES NOT charge re-match or re-screen fees for any reason. Ever. That’s our promise to you.

AGENCY FEE 1 – “RETAINER”

Amount: \$20,000 (NOTE: most agencies separate the retainer fee from the GC screening fees. We collect this amount together for unlimited rematch and rescreen fees as necessary for your journey).

Due: At signing of the Agency Agreement to be established as a Client and join the waitlist.

Services include (but are not limited to):

- Locating and pre-screening ASRM-compliant Gestational Carriers (GC)
- Background checks on Client(s) and GC (all adults 18+ in household)
- Psychological evaluation of GC (+ partner/spouse if applicable)
- Independent review of GC health insurance policy
- Pre-match medical expenses (pap smear and/or physical if needed)
- Medical record acquisition and third-party review
- MFM approval (if required by clinic)

- Home visit with social worker (upon request)
- OBGYN clearance letter for GC
- Written approval from reproductive clinic
- Establishment of Client escrow account

AGENCY FEE 2 & ESCROW INSTALLMENT 1

Total Due at Match: Approximately \$62,000

Agency Fee: \$30,000

Escrow Installment 1: Approximately \$32,000

Escrow Breakdown:

- Escrow Account Management Fee: \$2,000
- Estimated Surrogate Expenses (Pre-Contract): ~\$20,000
 - Travel & Incidentals: ~\$4,000
 - Medical / Health Insurance (Payment 1): ~\$10,000
 - Outside Monitoring Expenses: ~\$6,000
- Estimated Legal Fees (GCA drafting, negotiation, parentage): ~\$10,000

ESCROW INSTALLMENT 2 (Post-GCA)

Estimated Range Due: \$77,000 – \$102,000+

Due: After Gestational Carrier Agreement (GCA) is executed

Includes:

- Surrogate Base Compensation: \$50,000 – \$75,000
- Medical / Health Insurance (Payment 2): ~\$12,000
- Estimated Surrogate Expense Fund: ~\$15,000, including:
 - Monthly Allowance: ~\$4,500
 - Clothing Allowance: \$1,000
 - Supplemental Wellness & Family Benefit Package: \$2,000
 - Surrogate Support Group / MHP Check-ins: ~\$1,200
 - Billing Management / Premium Monitoring: ~\$2,600
 - Life Insurance Policy: ~\$1,200
 - Medication Start Fee: \$1,000
 - Embryo Transfer Fee: \$1,500

AGENCY FEE 3 & ESCROW INSTALLMENT 3

Total Due at Confirmation of Pregnancy (Fetal Heartbeat): \$20,000

Escrow Variable Expense: \$20,000

NOTE: This \$20,000 deposit is refundable approximately 6-12 months after the conclusion of the surrogacy journey, minus any approved variable expenses paid.

Retainer and Installment Timelines and Estimates

Retainer fee due upon signing agency agreement	\$20,000
Escrow installment 1– Due upon match	\$62,000
Escrow installment 2 – Due upon legal clearance	\$77,000 - \$102,000
Escrow Installment 3 – Due upon confirmation of fetal heartbeat (refundable)	\$20,000
Estimated Total cost of Journey:	\$159,000 - \$184,000

Possible Variable Expenses:

Lost Wages for Surrogate and Partner (if applicable): \$TBD. Based on pay stubs. Agency does not collect for lost wages ahead of time or within the fee estimate. Lost wages are a legal negotiation between the IPs and GC’s attorney and varies case-by-case. Standard US contracts allow for a GC and/or their partner to be reimbursed for lost wages for the following: (1) surrogacy related travel (2) doctor ordered bed-rest (3) post-birth recovery.

Additional Health Insurance or Expenses (if applicable): \$TBD. May include additional costs based on changes in coverage between calendar years, insurance specialist reviews each calendar year, additional insurance benefits or GAP programs chosen by IPs after speaking with an insurance specialist. Also includes any additional medical services such as monitoring facilities for out-of-town GC’s or specialists as requested by IPs or physicians.

Additional Legal Fees: \$TBD. Not all attorneys charge the same fees and may add additional fees as needed, per IP request, above and beyond the agency estimate (e.g. some attorneys charge extra for help obtaining passports, additional birth certificates, addendums, etc).

Supplemental Insurance Policies: When a life insurance policy is selected for your GC, you will have the option to add supplemental coverage or ‘riders’ that may increase the overall cost of the policy beyond the budgeted amount in Installment 2.

C-Section Fee (for additional pain and suffering): \$5,000

Additional Fetus (confirmed twin pregnancy): \$10,000

Bed Rest, Housekeeping, Childcare: \$TBD. Either physician or IP required bed rest or travel required specifically for the surrogacy. Terms are negotiated in the GCA between IP and GC attorneys and added to the legal agreement.

Breast Milk: \$350/week PLUS supplies and shipping as applicable

Hysterectomy (insurance policy available): \$10,000

Loss of ovary or fallopian tube (insurance policy available): \$5,000

Ectopic Surgery: \$1,000

Abortion/Reduction/D&C Fee: \$1,000-\$2,000

Invasive Procedure Fee (Amnio/Cerclage/Blood Transfusion/Etc.): \$1,000 per incident

Dropped Cycle Fee: \$500 if dropped prior to embryo transfer or mock transfer

Mock Cycle or Mock Transfer: \$500 med start, \$500 mock transfer

Baby-Care Fee: Up to \$1,000 per day (varies). If the IPs are temporarily unable to make the birth and an agency staff member needs to be at the hospital and take care of the baby for 24 hours or more. This fee does not include travel to/from hospital, hotel stay, power of attorney [if applicable], supplies for the baby, etc.

Clinic fees and surrogate medications are not paid through escrow. Those fees are paid directly to the clinic and/or provider(s) by the intended parent(s).

NOTE: Your escrow account will be reviewed around 34-36 weeks gestation in which you may be required to deposit additional funds for upcoming estimated expenses through the remainder of your journey. *It is difficult to estimate exact costs for a surrogacy journey. The above fee estimate with your surrogate includes all predictable costs and a variable expense cushion. That said, any additional fees will be in compliance*

with the Gestational Carrier Agreement (GCA) signed by all parties during the legal contract phase.

ADDITIONAL COST CONSIDERATIONS NOT INCLUDED IN THIS ESTIMATE:

-Newborn Insurance (please speak with your insurance broker regarding newborn insurance options)

-Fertility Clinic Medical Expenses

Descriptions:

***Travel and Incidentals Includes (as applicable):** Airfare, hotel stay, car rental or car service, & \$100 food and incidentals for days traveled. Other possible incidentals prior to legal contract signed by all parties could be prenatal vitamins, faxes, scans, phone calls, mailings, notary, etc. NOTE: surrogate will be reimbursed for all surrogacy related expenses by providing receipts up until monthly allowance begins.

**** Medical / Health insurance expenses:** Averages between \$15,000 and \$25,000. Includes annual insurance reassessment, potential new policy placement, premiums, co-pays, deductibles, out-of-pocket maximums; actual costs vary by state and coverage circumstances, including private policy selection or policies with exclusions or liens.

*****Monthly Allowance:** Payment covers reimbursement for phone, gas/mileage, vitamins, faxes/scans, etc. Prior to monthly allowance starting surrogate will be reimbursed after providing receipts for prenatal pills, gas/mileage, travel, mail, or any other minor incidentals.

******Supplemental Wellness and Family Benefits Package Explanation:** The Gestational Carrier shall be entitled to receive a variety of supplemental family benefits such as: date nights, family movie and/or dinner nights, adventure day tickets, entertainment, and/or wellness packages (i.e. pregnancy massages, acupuncture, chiropractor, doula, etc.) and “special dates” gifts (i.e. birthdays, holidays, etc.). The agency collects a fixed amount as identified in their cost sheet to Intended Parents to cover this benefit. Gestational Carrier will receive benefits in this entire amount but not more. Intended Parent(s), at any time throughout the journey, may request to use funds from this benefit package to have the agency send specific requested gifts on their behalf or the agency may use these funds. One thousand dollars will be allotted to the gestational carrier to utilize as they prefer.

One thousand dollars will be allotted to intended parents (and/or agency) to utilize as they prefer.

******Surrogate Support Group:** Every 4-6 weeks surrogates have a meeting with a group of other surrogates led by a mental health professional.

*******Billing Management:** An outside company that specializes in surrogacy insurance coverage will review all surrogacy related medical bills to ensure they are processed correctly by the GC's insurance policy/ies. A final report is provided when all claims and bills have been processed and a zero balance has been confirmed with all known providers. Effective July 1, 2025 the rates are \$2,250 for *Claims* and \$350 for *Premium Bill Monitoring*.

Please sign that you have read and understand that these are the fee estimates for your journey. It is hard to predict additional contingency expenses; therefore you understand the estimate is based on everything before contingency fees and that additional fees *may* be required.

This is a sample of the Payment Schedule you will receive upon matching with a surrogate candidate. Specific fees for your Surrogate including her base compensation and insurance estimates will be tailored at that time.

_____ Date: _____
(Intended Parent 1 Signature)

_____ Date: _____
(Intended Parent 2 Signature)