

Internal Use Only

Fertility Center: _____

Date: _____



**Agreement to Participate in
LIVESTRONG Fertility Discount Program for Men**

Dear **LIVESTRONG** Fertility Partner,

Thank you for agreeing to participate in the **LIVESTRONG** Fertility Discount Program for Men (the "Program"). Made possible through the generous participation of fertility centers and cryobanks such as your clinic (the "Participants"), the Program helps defray the costs of fertility preservation for qualified male cancer patients (the "Patients").

Under the terms of this Agreement, Participant agrees to accept Patients approved by **LIVESTRONG** through the Program and to accept from Patients the discounted rate noted below for the services outlined below (the "Rate" or "Rates").

In order to ensure success of the Program and fair rates to Patients, **LIVESTRONG** has recommended guidelines for establishing reduced rates, which can be found in the **LIVESTRONG** Fertility Discount Program for Men Manual. **Participants'** reduced rates must be at least 25% less than normal rates for the outlined services.

Outline of Rates and Services

Sperm Cryopreservation

The Participant will provide sperm banking services at the following discounted rate agreed upon by the Participant and **LIVESTRONG**:

	Normal Rate:	Discounted Rate:
First Specimen	\$	\$
Additional Specimens within 30 days	\$	\$

The following sperm banking services are included in the discounted rate outlined above:

Services (Please provide quantity where requested.)	Included in Rate (Please check yes or no.)	
Consultations (Enter number of consultations: _____)	___ Yes	___ No
Lab work	___ Yes	___ No
One onsite specimen collection	*Required	
Processing and analysis of specimens	*Required	
Freezing	*Required	
One year of storage	___ Yes	___ No
Additional years of storage after one year (Quantity: _____)	___ Yes	___ No

If applicable, please list any ancillary services (i.e. doctor's fees) that may also be included in your discounted rate for sperm banking:

If the Participant has multiple locations that will provide the same discounted rates stated above, the Participant must make these locations known by noting all locations, their address and contact information for the individual to receive communication from **LIVESTRONG** in the space provided below or in an attachment. If any location has different costs or procedures offered than noted above, a separate agreement must be completed for that location.

Location Address	Contact Name	Contact Phone	Contact Email

General

This Agreement is in effect for the remainder of the calendar year in which this Agreement is fully executed, effective the date of counter-signature by **LIVESTRONG**. This Agreement will renew automatically on the first day of each successive calendar year thereafter for a renewal term of one (1) year, provided that either party may elect not to renew this Agreement by providing ten (10) days prior written notice of such election. Participant will provide **LIVESTRONG** with an annual notice of current Rates not later than January 31st during each renewal term.

In the event of any change in the terms of Participant’s involvement in the Program, including but not limited to the Participant’s center closing, a service in this Agreement being made no longer available, Participant no longer being able to support the cost of providing a discount, an adjustment of the Rates, or for any other reason, Participant will inform **LIVESTRONG** in writing of any such change within thirty (30) days thereof. Regardless of any change to Participant’s involvement in the Program, Participant agrees to continue to treat any existing Patients currently enrolled or accepted through the Program under the terms and rates set forth herein. Adjustment of Rates will require the execution of a specific amendment to this agreement.

As part of its screening process, **LIVESTRONG** will refer interested Patients to Participants for discussion of the fertility preservation options best suited for them, if any. If the Patient would like to move forward with one of the above services offered by Participant and is in financial need, the Patient may apply to the Program. The Program application includes forms to be completed and signed by the Patient and the Patient’s Oncologist. Additionally, a copy of the Patient’s most recent 1040 Federal Tax Forms or proof of unemployment is required for qualified income verification.

LIVESTRONG approves applicants who meet all eligibility criteria to participate in the Program. Upon approval, **LIVESTRONG** will notify the Participant, the Patient and the Patient’s oncologist. The Patient will be advised to call the Participant’s office to identify and schedule the appropriate next steps for fertility preservation.

By signing below, Participant acknowledges it has been given the opportunity to review the criteria used by **LIVESTRONG** to approve Patients and understand that **LIVESTRONG** is not a medical provider. Participant agrees that neither **LIVESTRONG** nor the Patients in the Program shall have liability to Participant. This Agreement supersedes all communication, negotiations, and other Agreements between Participant and **LIVESTRONG**.

To confirm your understanding of your involvement in the Program as set forth in this letter agreement, please sign this letter where indicated below and return the executed copy by:

Mail	Email	Fax
LIVESTRONG Foundation Attn: LIVESTRONG Fertility 2201 East 6 th Street Austin, Texas 78702	ashley.koenings@livestrong.org	512-309-5515

Upon receipt, **LIVESTRONG** will sign and return a final executed copy to Participant. Please keep a copy for your records. Note: Applicants requesting a discount from Participant will not be approved until an agreement has been executed.

Again, thank you for agreeing to participate in the **LIVESTRONG** Fertility Discount Program for Men. Your support makes a meaningful difference in the lives of cancer patients. If you would like any further information on the Program as well as additional services and support that patients and health care professionals can access through **LIVESTRONG**, please feel free to contact us at 1-855-220-7777.

Sincerely,

Ashley Koenings
Fertility Services Manager
LIVESTRONG Foundation
(512) 279.8363
ashley.koenings@livestrong.org

Signature: _____

Date: _____

<p>Agreed To and Acknowledged By:</p> <p>Signature: _____</p> <p>Printed Name: _____</p> <p>Date: _____</p> <p>Fertility Center: _____</p> <p>_____</p> <p>Primary Address: _____</p> <p>_____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email: _____</p>
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