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Hadassah Medical Organization  
Department of Patient Administration

Date: 20/08/14

Ref: 71135

To:

First Name : DIANA  
Last Name : GOLYCINA  
Record Number : z-001134647  
Passport Number: 00825578  
Nationality: RUSSIA

Dear Sir or Madam:

Re: COST ESTIMATE

1. We are looking forward to welcoming you to our medical center.

In response to your request, please find below the estimated pricing for the bone marrow procedure.

A. Procedure: MATCHED UNRELATED DONOR STEM CELL TMSPLA

B. Total charge\*:

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMT	UNIT COST	USD COST	TOTAL
=====	=====	=====	=====	=====	=====	=====
225697	UNRELATED DONOR S		1	74875.00	21253.19	74875.00
225479	MATCHED UNRELATED		1	665656.00	188945.78	665656.00
520025	Molecular HLA-A t		1	0.00	0.00	0.00
520013	Molecular HLA-B t		1	0.00	0.00	0.00
520021	Molecular HLA-C t		1	2412.00	684.64	2412.00
520009	Molecular HLA-DQB		1	3120.00	885.61	3120.00
520005	Molecular HLA-DRB		1	3120.00	885.61	3120.00
225030	ADDITIONAL 3 MONTH		1	99850.00	28342.32	99850.00
999777	PRIVATE CONSULTAT	DR. STEPENSKY POL	3	2030.00	576.21	6090.00
999777	PRIVATE CONSULTAT	DR. MECHOULAM HAD	1	2030.00	576.21	2030.00
999777	PRIVATE CONSULTAT	DR. LAMDAN RON	2	2030.00	576.21	4060.00
999777	PRIVATE CONSULTAT	DR. GROSS MENACHE	1	2030.00	576.21	2030.00
999777	PRIVATE CONSULTAT	DR. BENIFLA MENAC	1	2030.00	576.21	2030.00
227198	C-T SCAN UNDER AN		1	2778.00	788.53	2778.00
227779	RADIOLOGIC PRIVAT	PROF. GOMORI MOSH	1	2230.00	632.98	2230.00
999777	PRIVATE CONSULTAT	DR. GAVRI SAGUI	1	1523.00	432.30	1523.00
997457	ECHO CARDIOGRAPHY	DR. GAVRI SAGUI	1	1394.00	395.69	1394.00
293039	COMBINED ECHOCARD		1	689.00	195.57	689.00
227067	US ABDOMENAL		1	533.00	151.29	533.00
227779	RADIOLOGIC PRIVAT	DR. KOPLEWITZ BEN	1	2230.00	632.98	2230.00

C. The cost of unrelated donor transplant covering the preparation for transplant (for both the recipient and the donor), hospitalization (including chemotherapy, radiation, immuno-conditioning with anti-thymocytic antibodies, other medications, hyperalimentation and the transplant itself including procurement costs), blood products including single donor apheresis for plate-

קרית הדסה

תא דואר 12000, ירושלים 91120

www.hadassah.org.il

התחדות מדינית הדסה (תל"צ) Hadassah The Women's Zionist Organization of America, inc.

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let re blood cells (including filtration and irradiation) and post  
tra t tment for a maximum of three months after the transplant and  
preparatory period, up to three weeks before the transplant (which includes  
the medications and, if needed, the cost of other hospitalizations.

\*Quoted prices are valid for 90 days only and are linked to the USD  
exchange rate at the day of payment. Today's exchange rate is 3.523 NIS.

2. Please note:

- \* Please be advised that the transplant fee does not include dental treatment
- \* Any additional surgery other than the transplant will be charged separately
- \* If the transplant is not performed, any services rendered will be charged per service.
- \* This quote can be changed based on the treatment instructions of the department.
- \* Autologous transplants do not include the medication for stem cell mobilization - Mozobil - which is used in rare cases when the standard stem cell collection is not successful.
- \* This proposal does not include a pretransplant treatment required for induction of remission or tumor debulking prior to transplantation.
- \* Any special medication costing above 20,000 NIS is not covered under this proposal.

Additional hospitalization days will be charged at the rate of  
1409.03 USD per day.

Additional costs may be incurred for additional testing and/or procedures  
that may arise throughout the anticipated medical care.

Costs for additional testing and/or procedures will be charged based on  
Hadassah's rate at the time of the care.

Patients are required to provide credit card information which will be  
charged in the event of additional testing and/or care beyond the  
anticipated medical care quote outlined above.

3. Payment:

- A. **A deposit of 248836.22 USD is required prior to the initial assessment.**
- B. For your convenience, a bank transfer can be made to the Hadassah  
Medical Organization account. (Please keep in mind that it takes  
approximately 3 working days to credit the Hospital's account).
- C. In such cases, payment should be made payable to:  
Hadassah Medical Organization - Swift Code LUMIILITXXX  
BANK LEUMI LE ISRAEL, #901, ,  
Israel,  
IBANK CODE: IL410109010000005000748  
Account number: 5000748.  
Please fax a copy of your bank transfer to fax #972-2-6776600.

4. Accomodations:

- A. Hadassah does not provide accomodations to any person(s) accompanying  
the patient during the hospitalization.

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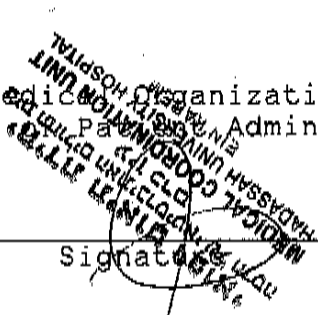
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- so for the patient or for the accompanying person
- o following the hospitalization must be arranged separately.
- C. Accomodations can be arranged at the Ein Kerem Hotel located on campus.
- D. Bookings can be made via email at: [info@einkeremhotel.co.il](mailto:info@einkeremhotel.co.il) or by phone: 972-2-560-8555.
- E. Hotel charges are not part of the aforementioned medical charges.

Please don't hesitate to contact us if you need any additional information or assistance via the internet at: [MTH@hadassah.org.il](mailto:MTH@hadassah.org.il) or by phone: 972-2-6778822.

Sincerely,

Hadassah Medical Organization  
Department of Patient Administration



Signature