

20/01/2015
ref:00407515

To: Whom It May Concern

Re: **Pavlega Michail -880073397 Diagnosis Metastatic Neuroblastoma**

Please find listed below the estimated costs for chemotherapy Treatment with the diagnosis of **Metastatic Neuroblastoma**

Assessment: Including ambulatory Tests: Bone Scan, Pulmonary Function, M.U.G.A. Laboratory Tests, Bone Marrow Biopsy, Imaging, CT Scan and Ultra Sound, Nuclear Med., etc. **\$12,000**
Procedure: Portacath/Picc line placement **\$2,000**

Chemotherapy treatment: Protocol HRNB1SIOOPEN 2014 (expected 8 cycles) 2-3 days Chemotherapy **\$6,100-\$9,150**

Not including Pharmacy services **\$1,000-1,500**

For 8 cycles

\$60,000-80,000

Related Medical Services: PET-Scans, Laboratory tests, Consultations, follow up, blood products (if needed) etc,

\$30,000-40,000

Extra hospitalization day's

\$35,000-43,750

Any additional days of hospitalization will be charged at the rate of \$1,750 per day. Hospitalization in the ICU will be charged at \$4,400 per day for the first four days and \$3,150 per day from the fifth day.

Re Assessment: Including ambulatory Tests: Bone Scan, Pulmonary Function, M.U.G.A. Laboratory Tests, Bone Marrow Biopsy, Imaging, CT Scan and Ultra Sound, Nuclear Med., etc. **\$12,000**

Operation:

Oncologic surgery

\$50,000-60,000

Estimation only depends to his response to the treatment

Autologus Stem Cells Transplantation

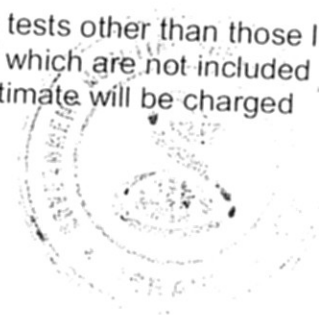
\$85,000

Price Include Including one S.C. Collection (not including Mozobil), up to 30 days hospitalization and up to one month of ambulatory follows up, in BMT day care unit, from the discharged day (consultation & routine blood test).

The total expected charge for Chemotherapy and Autologus BMT is about \$320,000 Not including the radiation treatment

PLEASE NOTE:

1. Not including Blood products and Pharmacy services that are not included in the routine treatment.
2. Any additional days of hospitalization will be charged at the rate of \$1,750 per day. Hospitalization in the ICU will be charged at \$4,400 per day for the first four days and \$3,150 per day from the fifth day.
3. The treating physicians may determine that other diagnostic tests other than those listed here are necessary (such as US, CT, MRI, etc); the costs of which are not included in this estimation. the costs of which are not included in this estimate will be charged under Tariff of Israeli M.O.H for tourist.
4. Quoted prices are valid until 30/11/2014.



e-mail: Med-tour@sheba.health.gov.il

Payment:

A deposit of \$180,000 is required to continue with the Chemotherapy treatment until the decision about the needed operation.

After the chemotherapy treatment and an updated plan of treatment a new estimation of cost will be given.

A supplemental deposit will be required according to the balance of the amount already used and the deposit needed for the planed treatment.

Account Details: Medical Research and Development Fund
 Sheba Medical Center:
 Account No. 508637/88
 Bank Leumi Le Israel, Branch 800
 19 Herzl Street, Tel Aviv, Israel
 Swift #LUMIILITXXX or IBAN CODE#IL290108000000050863788

We ask you to kindly send your decision and a copy of the bank transfer order to us at fax number 972-3-530-2155 or by email med-tour@sheba.health.gov.il.

Please feel free to contact us if you need further information.
 We look forward to offering our assistance.

Sincerely,

Ruth Kaplan

Medical Tourism Department

Email: Med-tour@sheba.health.gov.il

Please confirm your receipt of, and acceptance of, the estimated cost proposal by signing the form below and returning it to our office.



TO: Medical Research Fund of Sheba Medical Center

From: _____ on behalf of _____
 Name Company / or Individual

We agree to the terms stated in your proposal and agree to pay for all medical and other services provided by the Sheba Medical Center.

Name: _____

Signature: _____ Date: _____

Please return by fax to (972) 3 – 530-2155

