

THE STATE OF ISRAEL  
 MINISTRY OF HEALTH  
**TEL AVIV MEDICAL CENTER**  
 Affiliated to the Tel- Aviv University  
 Sackler Faculty of Medicine  
 Municipality of Tel- Aviv- Yaffo



מדינת ישראל  
 משרד הבריאות  
**המרכז הרפואי תל- אביב**  
 מסונף לפקולטה לרפואה ע"ש סאקלר  
 באוניברסיטת תל- אביב  
 עיריית תל- אביב- יפו

TEL-AVIV MEDICAL CENTER  
 RESEARCH AND DEVELOPMENT FUND AND  
 HEALTH SERVICES

קרן מחקרים רפואיים  
 פיתוח תשתית ושירותי בריאות  
 ע"י המרכז הרפואי ת"א

**MEDICAL TOURISM**

**תיירות מרפא**

**Estimated Cost Allogeneic Stem Cell Transplantation –  
 unrelated donor**

Date: June 9, 2014

NO: s140000721

To: MARIA KHUDYASHOVA

Estimated costs for the whole procedure: **630,390.00 NIS** (181,147.00USD)

Below, please find the estimated list of treatments commonly included in the procedure of allogeneic transplantation from an unrelated donor :

#	Description of services	NIS
1.	Pre-admission evaluation of <b>patient</b> including medical consultations (cardiologist and pulmonologist)	
2.	confirmatory test, harvesting and transportation	
3.	Blood Tests for <b>patient</b> (including CBC, blood chemistry, immune profile, microbiology, coagulation and other blood tests required).	
4.	All imaging examinations required (e.g. X-Rays, , US, etc.)	
5.	Bone marrow aspiration and biopsy (including cytogenetics, immunophenotyping and molecular markers)	
6.	Chemotherapy (and radiotherapy, if required)	
7.	Allogeneic stem cell transplantation – from an unrelated donor	
8.	Hospitalization	
9.	Medications	
10.	3 months follow up from transplantation date, including blood and bone marrow tests, engraftment markers and medical consultations as required.	
	<b>Total</b>	<b>630,390.00</b>
	<b>Total in USD</b>	<b>181,147.00</b>

***Please note: This estimation includes medications which are only related to the transplantation***

**NOT INCLUDED**

Treatment for basic disease.

Tissue typing before transplantation, donor search - 10,000 Euro

**This amount must be paid in advance.**

**Any additional surgery except the transplantation will be charge separately.**

6 Weizman St., Tel-Aviv 64239, Israel

Tel: +972-3-6973426 Fax: +972-3-6974594

[medtour@tasmc.health.gov.il](mailto:medtour@tasmc.health.gov.il) e-mail:

Web Site: [www.tasmc.org.il](http://www.tasmc.org.il)

רח' ויצמן 6, תל- אביב 64239

טל : 03-6973426 פקס : 036974594

THE STATE OF ISRAEL  
MINISTRY OF HEALTH  
TEL AVIV MEDICAL CENTER  
Affiliated to the Tel- Aviv University  
Sackler Faculty of Medicine  
Municipality of Tel- Aviv- Yaffo



מדינת ישראל  
משרד הבריאות  
המרכז הרפואי תל- אביב  
מסונף לפקולטה לרפואה ע"ש סאקלר  
באוניברסיטת תל- אביב  
עיריית תל- אביב- יפו

TEL-AVIV MEDICAL CENTER  
RESEARCH AND DEVELOPMENT FUND AND  
HEALTH SERVICES

קִרְוֵן מַחְקָרִים רְפוּאִיִּים  
פִּיתּוּחַ תְּשֵׁבִית וְשִׁירוּתֵי בְרִיאוּת  
ע"י המרכז הרפואי ת"א

### MEDICAL TOURISM

### תיירות מרפא

**Plases be advised that the fees does not include dental treatment.**

**\*\*For the avoidance of doubt, after the transplantation the price is final, whether the patient used the procedures during the follow up or not, for any reason,**

The hospital fees do not include any ad litional expenses. e.g., accommodation, extras, transportation etc., neither for the patient nor for the accompanying person.

We will be happy to see you at our Med cal Center. Please let us know in advance your date arrival so that we will be able to set all necessary appointments and tests. In order to be register and to open medical file at the medical center please send us:

1. Photocopy of your valid passport.
2. Signatures on this offer return it by fax to: 972-3-6974594.
3. Official bank transfer request/receipt for the advance payment to:

**Bank Hapoalim Belt Asia, Branch 567**

**Weizman st. 4, Tel-Aviv, Israel**

**"Keren Mehkarim, Ichilov Hospital" Account no. 130533**

**Swift code: poalilit**

**Iban no. IL29-0125-6700-0000-0130-533**

**Bank code: 12**

**Please bring a credit card with you as a deposit regardless of the manner of payment (payment in advance or by another financing source).**

For any additional information or request, please do not hesitate to contact us.

**\*\* This estimation is valid for one month only.**

Sincerely,  
Shirly Sadah.

Medical Tourism

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
signature:

\_\_\_\_\_  
date

6 Weizman St., Tel-Aviv 64239, Israel  
Tel: +972-3-6973426 Fax: +972-3-6974594

[medtour@tasmc.health.gov.il](mailto:medtour@tasmc.health.gov.il)-mail:

רח' ויצמן 6, תל- אביב 64239

טל': 03-6973426 פקס: 036974594

Web Site: [www.tasmc.org.il](http://www.tasmc.org.il)