



Date: 29.5.11
Ref: 35346

To:

First Name: Varvara

Middle name:

Last Name: Arzumanova

Record Number: z8922614

Passport Number:

Nationality: RUSSIA

Re: Unrelated Matched Donor Stem Cell Transplantation (OR ONE CORD BLOOD UNIT) + Further to your request, below please find the estimated pricing for the above mentioned procedure.

A. Procedure: Unrelated Matched Donor Stem Cell Transplantation

B. Total charge*: 163232.72 \$ (566744 nis)

C. The cost of unrelated donor transplant covering the preparation for transplant (for both the recipient & the donor), hospitalization (including chemotherapy, radiation, immuno-conditioning with anti thymocytic antibodies, oter medications, hyper alimentation' & the transplant itself including procurement costs), blood products including single donor apheresis for platelets & red blood cells (including filtration & irradiation) & post transplant treatment for a maximum of **3 months after the transplant & prepatory period, up to three weeks before the transplant** (which includes medications & if needed the cost of other hospitalizations)/

* Quoted prices are valid for 90 days only and are lined to the \$ exchange rate at the day of payment.

1. Please note:

* Please be advised that all the transplant fee does not include dental treatment

A. Additional hospitalization days will be charged at the rate of 1234.45 \$ per day

B. Please be advised that The fee does not include dental treatment.



2. Payment:

- A. A deposit of 163232.72 \$ deposit required prior to the beginning of the 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, Main Branch # 901, 1 Agudat Hapoel St.,
Technologic Garden, Malcha, Jerusalem Israel, Account number:
50007/48.
Please fax a copy of your bank transfer to fax # 972-2-6776600.

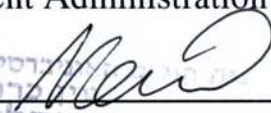
3. Accommodations:

- A. Hadassah does not provide accommodations to accompanying persons during the hospitalization.
- B. Accommodations, for the patient, or for accompanying person, prior to/or following the hospitalization must be arranged separately.
- C. Accommodations can be arranged at the "Ein Kerem Hotel" situated on campus.
- D. Bookings can be made by e-mail at: info@einkeremhotel.co.il or by phone: 972-2-560-8555.
- E. Hotel charges are not part of the above mentioned medical charges.

Please don't hesitate to **contact us** if you need any additional information or assistance via the internet at: hagai@hadassah.org.il or by phone: 972-2-6778899

Sincerely,

Hadassah Medical Organization
Department of Patient Administration



Signature

הדסה מדיקל אורגניזשן
בית עמי
הדסה
HADASSAH UNIVERSITY HOSPITAL
EIN-KAREM
PATIENT ADMINISTRATION