

15/05/2014
ref:02431614

To: To Whom It May Concern

Re: Hemato-oncology treatment Samarin Anton -880071320, D.O.B 12.10.2005
Russia

Please find listed below the estimated costs for chemotherapy Treatment with the diagnosis of **ALL**:

| | | |
|---|----------------------|------------------------|
| <u>Chemotherapy treatment:</u> BFM Protocol | | |
| Each cycle Up to 4 days of hospitalization | \$12,800 | |
| Not including other Pharmacy services | \$1,500-2,000 | |
| Expected 5 cycles | | \$70,500-73,000 |
| Related Medical Services: Laboratory tests, consultations | | |
| Follow up, blood products (if needed) etc, | | \$6,000-10,000 |
| Extra days of hospitalizations (neutropenia) | | \$17,500-26,250 |
| Chemotherapy under General anesthesia on ambulatory basis | | |
| Each day \$1850. Planned 49 treatments | | \$90,650 |
| Not Including Special Pharmacy services | | |
| Related Medical Services: Imaging, Laboratory tests, | | |
| Consultations, follow up, blood products (if needed) etc, | | \$15,000-20,000 |
| Extra hospitalization days | | \$35,000-52,500 |

PLEASE NOTE:

1. Not including Pharmacy services.
2. Not including surgical and dental treatments.
3. 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.
4. 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.
5. Quoted prices are valid until 30/06/2014

Total Expected cost \$275,000

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

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Russia

Payment:

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