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Patient First Name: VLADIMIR Patient Last Name: FOMINOV rd Number: Z- 2748486 Number/Nationalit Patient Last Name: row.... Record Number: Z- 2748486 Passport Number/Nationality: 65N8858149/RUSSIA MEDICAL ORGANIZAT

Date of Issue: 02.07.2020 Print Date: 02.07.2020 

N.R.

### bryaki.ru RE: Estimated Cost of Bone Marrow Transplantation

dobryaki.ru dobryaki.ru RE: Estimated Cost of Bone Marrow Transplance..... 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. We are looking forward to welcoming you to In response to your request, please find below the estimated pricing for the bone manow pro-This price estimate is provided based on the medical documents made available by the patient.

# A. Proc. B. Details\*

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Service code	Service name	Doctor's Name	Q-ty	Cost in USD	רך
A04	"IL YAL OD YO		10	L. On	0r
999777	Private consultation	Prof. Stepensky	6	3,450	r.
999777	Private consultation	General Doctor	3 ki	1,725	5
997852	Port-a-Cath/central line insertion	kin No	206	1,977	1
227487	Port-a-Cath	06 00 V	non	2,197	. ~
997457	Echo-cardiology	Dr. Golender	200	593	1.
293039	Pediatric echo-cardiology	4006	1	221 V 221	21
149559	Transplantation of matched unrelated donor (3 months)	KI.N. YO	4, °°6	132,969	1
20,00	6 0 TO TO YOU	06 ~ ~	.10	aki on	z.
996624	Stem cell transplantation	Prof. Stepensky	32	9,344	4.
149574	Additional three months post- transplant	n doi	1 4	32,482	10,
	treatment hospitalization package	Vaki obn		6. 90.	r
999343	Lodging/Accommodations** ( up to 7	900	Kin	7,350	h
U aki,	months for patient and accompanying person)	dobryaki	0620		1ºk
Total	N.r. Yak On d	10 4K	ry y	\$ 192,308.00	0
charges	es are valid for 90 days.	ON OKIN	2 %	.0 .	12
, obr	es are valid for 90 days.	d'in	Ski,	62 dob	2
** Accommo	es are valid for 90 days. lations beyond 7 months will be charged at \$ Hadassah Medica	1 050 per month	06	em 2000 lerusalem 91	20

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 Depend 7 months will be charged at \$1,000 per the

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 P.O.B. 12000, Jerusalem 9112001, Israel

 Mount Scopus (Har Hatzofim)

 P.O.B. 24035, Jerusalem 9124001, Israel

 Www.hadassah.org.il

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## dobryaki.ru The cost of the transplant includes:

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dobryaki.ru 1. Preparation of the transplant (for both the recipient and the donor).

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- aki.n 2. Hospitalization, (including chemotherapy, radiation, immuno-conditioning with antithymocyte antibodies, other medications, hyperalimentation and the transplant itself including procurement costs).
- 3. Blood products including single donor apheresis for platelets and red blood cells (including filtration and irradiation).
- Transplant fee includes initial dental check-up.

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aki.ro Post-transplant treatment for a maximum of six months after the transplant and preparatory period up to three weeks before the transplant (which includes medications and if needed the cost of other hospitalizations). dobryaki.ru

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   The cost of the transplant excludes:

   1. Transplant fee does not include dental treatment.

   2. This proposal does not include a pre-transplant treatment required for induction of remission or

   dobra tumor debulking prior to transplantation.

# Please note:

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- Additional hospitalization days will be charged at the rate of \$1,821 per day.
- dobryaki.ru dobryaki.n Additional hospitalization days will be charged at the rate <u>or saves per day</u>.
   In the event that additional three month hospitalization package is required (beyond 6 months), will be charged at the rate of \$ 32,482
  - Any additional surgery, other than the transplant, will be charged per service.

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- This quote may be changed based on the treatment instructions of the treating physicians.
- Additional costs may be incurred for additional testing and/or procedures that may arise throughout dobryaki.ru the anticipated medical care. They will be charged based on Hadassah's rate at the time of treatment. obryaki.ru dobraki.ru dobraki.ru dobryaki.ru

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### dobryaki.ru C. Payment:

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C. Payment: Full payment of \$ 192,308.00 is required prior to the initial assessment. For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. (Please invariant that it takes approximately 3 working days to credit the hospital's account). dobryaki.ru dobryaki.n ki.n

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Payment should be made payable to:

Hadassah Medical organization- swift code POALILITXXX,

dobraki.ru Bank Hapoalim, Har Hotzvim, #436, 1 Hamarpe St., Jerusalem, Israel. Bank Hapoann, ... IBAN CODE: IL41012436000000025000

Account Number 25000

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