



HADASSAH UNIVERSITY MEDICAL CENTER

Hadassah Medical Organization
Department of Patient Administration

Founded by Hadassah, the Women's Zionist Organization of America

Date of Issue : 29/10/2018
Print Date : 29/10/2018
Reference : 112140
Record Number : z-002430978

To: **CHARITY FOUNDATION "The Club of..."**

First Name : GABRIEL
Last Name : SULKHANISHVILI
Record Number : z-002430978
Passport Number: 17AB07949
Nationality: GEORGIA



Dear Sir or Madam:

Re: COST ESTIMATE

1. 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.

A. Procedure: MATCHED UNRELATED DONOR STEM CELL TRANSP

B. Total charge*:

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMT	UNIT COST	USD COST	TOTAL
996624	STEM CELL TRANSPL	PROF. STEPENSKY P	1	32482.00	8776.55	32482.00
149559	MATCHED UNRELATED		1	722105.00	195110.78	722105.00
996624	STEM CELL TRANSPL	PROF. STEPENSKY P	1	-3248.00	-877.60	-3248.00
149559	MATCHED UNRELATED		1	-72211.00	-19511.21	-72211.00
999777	PRIVATE CONSULTAT	PROF. STEPENSKY P	6	2030.00	548.50	12180.00
999777	PRIVATE CONSULTAT	PROF. STEPENSKY P	1	-1218.00	-329.10	-1218.00
149574	ADDITIONAL 3 MONT		1	112920.00	30510.67	112920.00
149574	ADDITIONAL 3 MONT		1	-11292.00	-3051.07	-11292.00
149574	ADDITIONAL 3 MONT		1	112920.00	30510.67	112920.00
149574	ADDITIONAL 3 MONT		1	-11292.00	-3051.07	-11292.00

C. The cost of the transplant includes the preparation for transplant, (for both the recipient and the donor), hospitalization (including chemotherapy, radiation, immuno-conditioning with anti-thymocytic antibodies, other medications, hyperalimentation and the transplant itself including procurement costs), blood products including single donor apheresis for platelets and red blood cells (including filtration and irradiation) and posttransplant treatment for a maximum of three months after the transplant and preparatory period, up to three weeks before the transplant (which includes the medications and, if needed, the cost of other hospitalizations).

*Quoted prices are valid for 90 days only, and are linked to the USD exchange rate at the day of payment.
The exchange rate on 29/10/2018 is 3.701 NIS.

Ein Kerem
P.O.B. 12000, Jerusalem 9112001, Israel
Mount Scopus (Har Hatzofim)
P.O.B. 24035, Jerusalem 9124001, Israel



2. Please note:

- * Please note - In the event that the transplantation shall require cord blood, there may be an additional charge of up to US\$30,000 for the transplantation package.
- * Please be advised that the transplant fee does not include dental treatment.
- * Any additional surgery other than the transplant will be charged separately.
- * If the transplant is not performed, any services rendered will be charged per service.
- * This quote can be changed based on the treatment instructions of the department.
- * Autologous transplants do not include the medication for stem cell mobilization - Mozobil - which is used in rare cases when the standard stem cell collection is not successful.
- * This proposal does not include a pretransplant treatment required for induction of remission or tumor debulking prior to transplantation.
- * Any special medication costing above 20,000 NIS is not covered under this proposal.

Additional hospitalization days will be charged at the rate of 1488.52 USD per day.

Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care.

Costs for additional testing and/or procedures will be charged based on Hadassah's rate at the time of the care.

Patients are required to provide credit card information which will be charged in the event of additional testing and/or care beyond the anticipated medical care quote outlined above.

3. Payment:

- A. A deposit of 241379.63 USD is required prior to the initial 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 POALILITXXX
BANK HAPOALIM, Har Hotzvim #436, 1 Hamarpe St.,
JERUSALEM Israel,
IBAN CODE: IL41012436000000025000
Account number: 25000.
Please fax a copy of your bank transfer to fax #972-2-6776600.

4. Accommodations:

- A. Hadassah does not provide accommodations to any person(s) accompanying the patient during the hospitalization.
- B. Accommodations for the patient or for the accompanying person prior to or following the hospitalization must be arranged separately.
- C. Accommodations can be arranged at the Ein Kerem Hotel located on campus.
- D. Bookings can be made via email at: info@einkeremhotel.co.il or by phone: 972-2-560-8555.

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E. Hotel charges are not part of the aforementioned medical charges.

Please don't hesitate to contact us if you need any additional information or assistance via the internet at: INTERNATIONAL@hadassah.org.il or by phone: 972-2-6779111.

Sincerely,

Hadassah Medical Organization
Department of Patient Administration

Hadassah University Medical Center



INTERNATIONAL
DEPARTMENT
Chagi Sela

Experience
the new
Hadassah

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Hadassah Medical Organization (PBC)