



11/24/2010
ref:10242112

To: To whom it may concern
Re: Snezhana Kozlova, 5 y.o., ALL

General estimation cost for Allogeneic Matched unrelated/related and haplo identical donor

We would like to give a general estimation cost for Donor search, B.M.T and treatment.

Assessment

Including ambulatory Tests: Bone Scan, Pulmonary Function,
M.U.G.A. Laboratory Tests, Bone Marrow Biopsy, Imaging,
CT Scan and Ultra Sound, Nuclear Med, etc. \$8,500-15,000

Chemotherapy Treatment Pre B.M.T(if needed)

One Cycle of 5 days Chemotherapy treatment
under hospitalization \$10,500
Not including Special Pharmacy Services

of cycles unknown
Follow up and hospitalization if needed \$15,000-20,000

B.M.T Options:

1. **Allogeneic Related matched S.C.T.:** \$127,000
Price includes up to 30 days hospitalization and up to 3 months ambulatory follow up from the transplantation day.
2. **Allogeneic Related Haplo Identity S.C.T.:** \$145,000
including 2 CD 34 Colons
Price includes up to 30 days hospitalization and up to 3 months ambulatory follow up from the transplantation day.
3. **Allogeneic Matched Unrelated Donor**

Donor S.C/B.C search and collection:

1. Bone marrow searching services \$2,900
2. A budget for donor search, one collection and transportation
(depending # of searches) \$25,000-\$45,000



S.C-Allogeneic Matched Unrelated Donor:

\$127,000

1-The price covers only the S.C. transplantation and does not include the donor S.C/C.B fee that are charged separately (see previous paragraph).

Price Include up to 30 days hospitalization and up to 3 months ambulatory follow up from the transplantation day.

- 2- Autologus stem cell collection for cryo preservation (if needed) \$17,000
- 3- Storage up to 5 years paid in advance (if needed) \$ 3,000
- 4- Not including Special Pharmacy Services such as Rtuximab, Mylotarg etc.
- 5- Additional charge in case of Cord Blood transplantation \$11,500
- 6- Not including radiation therapy (TBI) \$15,000
- 7- Any additional days of hospitalization will be charged at the rate of \$1,500 per day. Hospitalization in the ICU will be charged at \$3,000 per day.
- 8- The treating physicians may determine that other diagnostic tests other than those listed here are necessary (such as US, CT, MRI, Special Lab Tests ,etc); the costs of which are not included in this estimate will be charged under Taariff of Israely M.O.H for tourist.

Quoted prices are valid until 30/12/2010

Total estimated price of treatment is \$180,000 - \$200,000. This is only estimation, and the final price depends on the actual services provided.

Payment can be made by means of a bank transfer to our account, the details of which are given below.

Account Details:

Medical Research and Development Fund Sheba Medical Center:
Account No. 500703/41
Bank Leumi Le Israel, Branch 800
19 Herzl Street, Tel Aviv, Israel
Swift #LUMIILITLV
IBAN CODE#IL66010800000050070341

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.

Please feel free to contact us if you need further information.

We look forward to offering our assistance.

Sincerely,
Medical Tourism Department
Sheba Medical Center at Tel HaShomer



THE STATE OF ISRAEL
MINISTRY OF HEALTH
THE CHAIM SHEBA MEDICAL CENTER
Affiliated to the Tel-Aviv University
Sackler School of Medicine
TEL-HASHOMER 52621, ISRAEL



מדינת ישראל
משרד הבריאות
המרכז הרפואי המשולב ע"ש חיים שיבא
מסוף לבית הספר לרפואה ע"ש סאקלר
באוניברסיטת תל-אביב
תל השומר 52621, ישראל

24/11/2010

General estimation cost for Allogeneic Matched unrelated donor

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