



Tel: +972-3530-3100
Fax: +972-3530-8040

13/11/2022

To whom it may concern

Patient: Semkin Dmitrii -880106153

Diagnosis: Neuroblastoma

This price estimate is provided based on the medical documents made available by the patient.

Treatments:

1. Two cycles of antibody treatment during hospitalization – **\$160,000**
2. Possible surgery - **\$35,000 – \$50,000**
3. Possible radiation treatment – **\$30,000**
4. Possible additional hospitalization days and treatment – **\$50,000**
5. Autologous Stem Cell transplant - **\$75,000**

The price includes:

1. One S.C. Collection (not including Mozobil).
2. Up to 30 days hospitalization and up to one month of ambulatory follows up in BMT day care unit, from the discharged day (physician consultation's & routine blood test).

The price does NOT include:

- | | |
|--|-----------------|
| 1. Second S.C. Collection, if needed (not including Mozobil) | \$23,000 |
| *Cost of one ampule of Mozobil (If needed) | \$10,000 |
| 2. Storage up to 5 years paid in advance (if needed) | \$4,100 |
| 3. Treatment for the basic disease; dental treatment; radiotherapy; blood products; central line insertion; TPN; special pharmacy services, such as Rituximab, Mylotarg, Neupogen, Treosulfan, Tiotepa/Tepadina, Carmustine, Emend, etc. | |
| 4. Blood products. Cost per unit of blood approx. \$270, expected about 50-200 units. | |
| 5. Medical procedures/operations (such as IT testing) besides the transplantation. | |
| 6. Accommodation and transportation neither for the patient nor for the accompanying person. | |

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Notes:

1. Quoted prices are valid for up to two months.
2. All the necessary tests and treatments will be charged under the tariff of the Israeli MoH for tourist patients.
3. Any additional day of hospitalization will be charged at a rate of \$1,500 per day. Hospitalization in the ICU will be charged at \$3,500 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 above are necessary (such as US, CT, MRI, etc.); the costs of which are not included in this estimate.
5. The patient will be charged under the tariff of the Israeli MOH for tourists. The description and cost of medical services will be based on the price list published on the Ministry of Health website at: <http://www.health.gov.il>.
5. Regarding the **post-transplantation period**, the treating physicians may determine that other treatments and/or diagnostic tests other than those listed above are necessary (such as US, CT, MRI, special lab tests, etc.).
6. A relative should accompany the patient.
7. Service at Sheba Medical Center is provided in English or Russian only.
8. The patient has to arrive with all physical pathology samples and all imaging tests CD'S.
9. Prices may vary depending on the dollar exchange rate.

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Payment can be made by means of a bank transfer to our account, as specified below.

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
IBAN CODE#IL290108000000050863788

Please confirm your receipt and acceptance of the above cost estimate 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 / Individual
We agree to the terms stated in your proposal and agree to pay for all medical and other services provided by Sheba Medical Center.		
I hereby declare that I am not a citizen of the State of Israel.		
Name	_____	
Signature:	_____	Date: _____

Please feel free to contact us if you need further information.
 We look forward to offering our assistance.

Global Patient Services
Sheba Medical Center, Israel
Phone: +9723-5308100



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