MEDICAL RESEARCH INFRASTRUCTURE DEVELOPMENT קרן מחקרים רפואיים, פיתוח תשתית ושירותי בריאות

AND HEALTH SERVICES FUND BY THE

TEL: 972 - 3 - 5303240/17 :טל פקס:

Tel-Hashomer 52621, Israel

SHEBA MEDICAL CENTER (R.A)

FAX: 972 - 3 - 5302155 תל-השומר 52621,

ישראל

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

06/04/2011 ref:01993011

ליד המרכז הרפואי שיבא (ע"ר)

Whom it may concern To:

Maganova Maria, dob 3/5/1975 ID880054912, estimation of cost for post SC Re: **MUD Transplantation** 

Ms. Maganova Maria with AML was hospitalized on 2/2/2011 and passed allogeneic peripheral stem cell transplant from unrelated donor.

We would like to give a general estimation cost for the expected follow up period treatment for this young lady.

**Hospitalization:** 

Due to GVH, are expected an additional 30 days of hospitalization

\$45,000 in BMT department.

\$5,000 - 10,000Related medical services, blood products, medications

## Ambulatory follow up Treatment maintenance post B.M.T:

During the first two months (first period)

Pharmacy Services, blood products, laboratory tests \$4,000-7,000

Follow up post first period for 2 additional months:

\$6,000-8,000 Ambulatory Hematology consultations (up to twice a week)

Pharmacy Services, blood products, laboratory tests \$4,000-7,000

## **General Notes:**

1 - additional days of hospitalization will be charged at the rate of \$1,500 per day. Hospitalization in the ICU will be charged at \$3,360 per day.

2 - 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 Taarif of Israely M.O.H for tourist.

Ouoted prices are valid until 31/05/2011

Payment: A deposit of \$50,000 is required before discharge of the patient from BMT department. At the end of first period of follow up, a supplement deposit of the amount according to our estimation will be required prior the next follow up period.

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. 508637/88

Bank Leumi Le Israel, Branch 800 19 Herzl Street, Tel Aviv, Israel

Swift #LUMIILITTLV or IBAN CODE#IL660108000000050863788

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

We look forward to offering our assistance.

Sincerely,

Medical Tourism Department

Email: Med-tour@sheba.health.gov.il