



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

16/05/2022

To whom it may concern

Patient Name: Kolesnichenko Evgenii -880104884

60 days hospitalization \$90,000

Not including special medication if needed

Not including special pharmacy services (if needed), related medical services: imaging, laboratory tests,

Consultation, follow up, Blood products (if needed) etc.

PLEASE NOTE:

1. Radiotherapy treatment if needed, will be given as a supplement estimation of cost After the simulation
- 2-Not including Blood products and Pharmacy services that are not included in the routine treatment.

Not including operation

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>.

A medical coordinator will accompany you at Sheba Medical Center free of charge.

Price quoted does not include accommodation.

Cost Estimate for Bone Marrow Transplantation

1. Assessment:

Physician consultations, laboratory tests, pathology revision, imaging, hematological tests, bone scintigraphy, pulmonary function tests, MUGA, bone marrow biopsy, CT and ultrasound scans, nuclear medicine, etc.

\$8,000-15,000

We would like to bring to your attention that the patient may need to undergo pre-transplant treatment. After the assessment at Sheba Medical Center, you will be provided



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with an updated cost estimate for the treatment proposed by the attending physician, who will also explain the risks and benefits of Bone Marrow Transplantation.

2. Donor search, collection and transportation:

- | | |
|---|-----------------------------|
| 1. HLA confirmatory typing (per test) | \$1,700 |
| 2. Donor search budget (depending on number of searches) | \$500 per one search |
| *Prior to the donor search the patient will need to deposit \$5,000 | |
| 4. Budget for single collection from one donor and transportation (except from US donors) | up to \$20,000 |
| 3 I.GEMTUZUMAB 5 MG OZOGAMICIN MYLOTARG | \$40,950 |

4. The type of transplantation required will be determined based on the test results:

- | | |
|---|------------------|
| 1. Allogeneic Donor Transplantation | \$154,000 |
| OR | |
| 2. Allogeneic Haploid Donor Transplantation | \$154,000 |

The price includes:

1. Up to 30 hospitalization days in the Department of Bone Marrow Transplant.
2. Ambulatory follow-up visits up to 2 months from the discharge date (physician consultation's & routine blood test).
3. Chemotherapy related to the transplantation.

The price does NOT include:

1. 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, Emend, etc.
2. Blood products. Cost per unit of blood approx. \$265, expected about 50-200 units.
3. Medical procedures/operations (such as IT testing) besides the transplantation will be charged separately.
4. Assessment for donor (blood tests, typing, etc.) approx. \$1,000-2,000
5. Stem cell collection for cryopreservation (if needed) \$23,000
6. Storage for up to 5 years, paid in advance (if needed) \$ 4,100
7. Accommodation and transportation neither for the patient nor for the accompanying person.



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Notes:

1. Additional charge in case of cord blood transplantation (for one dose and if needed) \$15,000.
2. Quoted prices are valid for up to two months.
3. All the necessary tests and treatments will be charged under the tariff of the Israeli MoH for tourist patients.
4. Any additional day of hospitalization will be charged at a rate of \$1,500 per day. Hospitalization in the ICU will be charged at \$4,200 per day for the first four days and \$3,150 per day from the fifth day.
5. 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.
6. 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>.
6. 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.).
7. A relative should accompany the patient.
8. The patient has to arrive with all physical pathology samples and all imaging tests CD'S.

Payment:

When the patient is ready for the transplantation, you will be required to deposit the full payment for the bone marrow transplantation.

A deposit of \$200,000 is required before starting the process.

Hospitalization days will be charged at a rate of \$1,500 per day and any days of hospitalization in the ICU will be charged at \$3,500 per day during 4 first days, and \$3,150 from 5th day

Payment

A deposit is required before scheduling the operation

And the arrival at S.M.C.

Payment can be made by means of a bank transfer to our account,



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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 #LUMIILITXXX

IBAN CODE#IL290108000000050863788

**International Medical Tourism Division
Sheba Medical Center, Israel**



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.



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