



המרכז הרפואי  
האוניברסיטאי  
הדסה

Hadassah Medical Organization  
Department of Patient Administration  
מיסודו של ארגון נשות הדסה

Print Date: 31/10/2017  
Reference : 100744

To:  
First Name : MARIA  
Last Name : ANOSOVA  
Record Number : z-002331002  
Passport Number: N702420  
Nationality: RUSSIA

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\*:

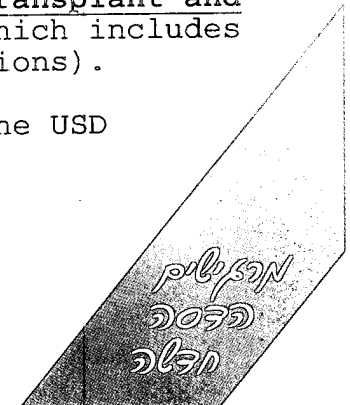
| SERVICE CODE | SERVICE NAME       | DOCTOR NAME       | AMT | UNIT COST | USD COST  | TOTAL     |
|--------------|--------------------|-------------------|-----|-----------|-----------|-----------|
| =====        | =====              | =====             | === | =====     | =====     | =====     |
| 996624       | STEM CELL TRANSP   | DR. ZAIDMAN IRINA | 1   | 31858.00  | 9012.16   | 31858.00  |
| 149559       | MATCHED UNRELATED  |                   | 1   | 706461.00 | 199847.52 | 706461.00 |
| 520025       | Molecular HLA-A t  |                   | 1   | 0.00      | 0.00      | 0.00      |
| 520013       | Molecular HLA-B t  |                   | 1   | 0.00      | 0.00      | 0.00      |
| 520021       | Molecular HLA-C t  |                   | 1   | 2622.00   | 741.73    | 2622.00   |
| 520009       | Molecular HLA-DQB  |                   | 1   | 3395.00   | 960.40    | 3395.00   |
| 520005       | Molecular HLA-DRB  |                   | 1   | 3395.00   | 960.40    | 3395.00   |
| 999777       | PRIVATE CONSULTAT  | DR. ZAIDMAN IRINA | 6   | 2030.00   | 574.26    | 12180.00  |
| 149072       | *UNRELATED DONOR S |                   | 1   | 83049.00  | 23493.35  | 83049.00  |
| 149222       | *BONE MARROW DONOR |                   | 1   | 0.00      | 0.00      | 0.00      |

C. The cost of unrelated donor transplant covering 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 post-transplant 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 31/10/2017 is 3.535 NIS.

2. Please note: **עין כרם**  
תא דואר 12000 ירושלים 9112001  
**הר הצופים**  
תא דאר 24035 ירושלים 9124001  
www.hadassah.org.il

הסתדרות נדיבנות הדסה (חל"צ)  
Hadassah The Women's Zionist Organization of America, Inc.





# המרכז הרפואי האוניברסיטאי הדסה

Hadassah Medical Organization  
Department of Patient Administration  
מיסודו של ארגון נשות הדסה

- \* 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 1528.15 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 238461.10 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: IL410124360000000025000  
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](mailto:info@einkeremhotel.co.il) or by phone: 972-2-560-8555.
- E. Hotel charges are not part of the aforementioned medical charges.

עין כרם  
תא דואר 12000 ירושלים 9112001  
הר הצופים  
תא דאר 24035 ירושלים 9124001  
[www.hadassah.org.il](http://www.hadassah.org.il)

הסתדרות סדיצינית הדסה (חל"צ)  
Hadassah The Women's Zionist Organization of America, Inc.

אגודת הרפואה  
הדסה  
חולון



**המרכז הרפואי  
האוניברסיטאי  
הדסה**

Hadassah Medical Organization  
Department of Patient Administration

מ'סודן של ארגון נשות הדסה

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

Sincerely,

Hadassah Medical Organization  
Hadassah University Medical Center  
Department of Patient Administration



**INTERNATIONAL  
DEPARTMENT**

Signature

עין כרם  
תא דואר 12000 ירושלים 9112001  
הר הצופים  
תא דאר 24035 ירושלים 9124001  
[www.hadassah.org.il](http://www.hadassah.org.il)

הסתדרות מדיצינית הדסה (חל"צ)  
Hadassah The Women's Zionist Organization of America, Inc.

