SHEBA GLOBAL
Tel HaShomer | Patient Services

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31/01/2022

Cost Estimate for possible Pediatric Bone Marrow Transplantation

ЮГРА В БЕДЕ НЕ БРОСАЕТ
БЛАГОТВОРИТЕЛЬНЫЙ ФОНД им. АНТОНА КУЛЬШ

Patient: **Kolesnichenko Yevgeniy**

Diagnosis: **ALL**

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

1. Assessment:

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

2. Oncological treatment before BMT (if needed): **approx. $50,000-120,000**

3. Possible BMT- if needed:

Donor search, collection and transportation:

1. HLA confirmatory typing (per test) **$1,900**
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**

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 **$194,000**

The price includes:

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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.
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, IVIG etc.
2. Quoted prices are valid for up to two months.
3. Blood products. Cost per unit of blood approx. $280, expected about 50-200 units.
4. Medical procedures/operations (such as IT testing) besides the transplantation will be charged separately.
5. Assessment for donor (blood tests, typing, etc.) approx. $1,000-2,000
6. Stem cell collection for cryopreservation (if needed) $23,000
7. Storage for up to 5 years, paid in advance (if needed) $ 4,100
8. Accommodation and transportation neither for the patient nor for the accompanying person.

Notes:

1. Additional charge in case of cord blood transplantation (for one dose and if needed) $15,000
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 three days and $3,150 per day from the fourth 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. 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.

Payment:

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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 $100,000 is required before arriving at SMC.

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.

Name _____

Signature: _____Date: _____

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

Global Patient Services
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GOVERNMENT HOSPITAL SHEBA TEL-HASHOMER
ISRAEL