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

AND HEALTH SERVICES FUND BY THE

TEL: 972 - 3 - 5303240/17 :: טל

תל-השומר 52621,

SHEBA MEDICAL CENTER (R.A)
Tel-Hashomer 52621, Israel

FAX: 972 - 3 - 5302155 : פקס

תכ-השומר 621 <u>ישראל</u>

e-mail: Ruthka@sheba.health.gov.il

07/08/2014 ref:03954414

ליד המרכז הרפואי שיבא (ע"ר)

To: Whom it may concern

Re: Ishchuk Anastasiia DOB 13.12.1974

Based on the recommendation of Dr. Landa from our Pediatric Rehabilitation Clinic, please find below an initial estimation of costs of the treatment recommended. After the assessment pre treatmet an update estimation of costs will be provided.

Assessment

Multi diciplinary assessments

Imaging Tests, Special Lab Test etc \$2,000-\$2,500

Botox Injections

Depends on the medical recommendations \$10,000-\$15,000

Day care Rehabilitation 3 weeks:

Per day-\$705 \$10,575

Operation

Arthrodesis –(Hand Surgery) \$10,000-15,000

Expected charge \$40,000

Please Note:

1. A deposit of \$25,000 should be made prior to the beginning with the treatment. 2-In case of hospitalization: Regular ward will be charged at the rate of \$1,750 per day. Hospitalization in the ICU will be charged at \$4,400 per day for the first four days and \$3,150 per day from the fifth day.

The treating physicians may determine that other diagnostic tests other than those listed here are necessary (such as US, CT, MRI, Special Lab Tests dental treatment (if needed), Special Pharmacy Services. Blood products, etc.); the costs of which are not included in this estimate will be charged under Tariff of Israeli M.O.H for tourist.

Quoted prices are valid up to 31/08/2014

Payment:

If you wish, a bank transfer can be made to our account, the particulars of which are as follows:

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

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 feel free to contact us if you need further information.

Sincerely,

Medical Tourism Department Sheba Medical Center

Ruth Kaplan

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MEDICAL RESEARCH INFRASTRUCTURE DEVELOPMENT קרן מחקרים רפואיים, פיתוח תשתית ושירותי בריאות ליד המרכז הרפואי שיבא (ע"ר)

AND HEALTH SERVICES FUND BY THE

SHEBA MEDICAL CENTER (R.A)

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ישראל

e-mail: Ruthka@sheba.health.gov.il

Please confirm your receipt of, and acceptance of, the estimated cost proposal by Signing the form below and returning it to our office.

| <u>TO</u> : | Medical Research Fund of Sheba Medical Center | |
|---|---|-------------------------|
| From: | on behalf of Name | Company / or Individual |
| We agree to the terms stated in your proposal and agree to pay for all medical and other services provided by the Sheba Medical Center. | | |
| Name: | | |
| Signatu | ure: | Date: |
| | | |
| Please return by fax to (972) 3 – 530-2155 | | |