



SHEBA International
Tel HaShomer | Medical Tourism Division

Tel: +972-3530-3100

Fax: +972-3530-8040

05/09/2021

To whom it may concern

Patient Name: Eva Khlus

Diagnosis: Alveolar rhabdomyosarcoma

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

Assessment:

COVID 19 test, Including: Pediatric oncologist consultation, Bone Scan, Review and implementation of discs, revision of biopsy, Lab. tests, CT, x-ray chest, US, etc. about \$5,000-10,000

Possible oncological treatment (surgery, chemotherapy, radiotherapy): about **\$200,000-300,000**

The provided cost of the assessment is an estimate and it is subject to change based on the medical recommendations.

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 associated with this treatment.

The description and cost of the medical services, shall be based on the price list as published in the Ministry Of Health website <http://www.health.gov.il>.

Price quoted does not include accommodation.

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

Quoted prices are valid for up to two months.

Service at Sheba Medical Center is provided in English or Russian only.

First Deposit of \$50,000 is required before arrival at SMC for assessment and beginning of the treatment.

Second deposit on the 13/09/20 - \$30,000 for the continuation of treatment.

Third deposit on the 30/09/21 - \$50,000 for the continuation of treatment.

Fourth deposit on the 15/10/21 - \$50,000 for the continuation of treatment.

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



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Hospitalization days will be charged at a rate of \$1,500 per day and any days of 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.

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We look forward to offering our assistance.

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

International Medical Tourism Division
Sheba Medical Center, Israel
Phone: +9723-5303100



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: _____