



Patient First Name: MATVEY
Patient Last Name: RAKHCHEEV
Record Number: Z-3323222
Passport Number/Nationality: 6618422496/RUS

Date of Issue: 01.08.2022
Print Date: 01.08.2022
Reference: 51690749

RE: Estimated Cost of Post Bone Marrow Transplantation Package

We are looking forward to welcoming you to our medical center.
In response to your request, please find below the estimated pricing.
This price estimate is provided based on the medical documents made available by the patient.

- A. Procedure: Post Bone Marrow Transplantation Package
- B. Details*

Service code	Service name	Doctor's Name	Q-ty	Cost in USD
149574	Additional three months post- transplant treatment hospitalization package		1	32,482
999343	Lodging/Accommodations** (up to 7 months for patient and accompanying person)		3	3,150
Total charges				\$ 35,632.00

*Quoted prices are valid for 90 days.

** Accommodations beyond 3 months will be charged at \$1,050 per month.

The cost of the transplant includes:

1. Hospitalization, blood products,
2. Day Care , medications

The cost of the transplant excludes:

1. Package fee does not include dental treatment.

Please note:

- Additional hospitalization days will be charged at the rate of **\$1,821** per day.
- In the event that additional three month hospitalization package is required (beyond 6 months), it will be charged at the rate of **\$ 32,482**
- Any additional surgery, other than the transplant, will be charged per service.
- This quote may be changed based on the treatment instructions of the treating physicians.
- Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care. They will be charged based on Hadassah's rate at the time of treatment.

C. Payment:

Full payment of \$ 35,632.00 is required prior to the initial assessment.

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).

Payment should be made payable to:

Hadassah Medical organization- swift code POALITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL410124360000000025000

Account Number 25000

Please send a copy of your bank transfer (swift) to: Laurence@hadassah.org.il

Please do not hesitate to contact us if you require any additional information or assistance via mail to bid@hadassah.org.il or by phone: 972-2 6779111.

Hadassah University Medical Center



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