

December 17, 2012

**Re: Estimated Cost of Treatment-13868E**

To: ITD Medical  
Ref: BUKINA POLINA  
Ref: 3078964- 5630

<b>Chemotherapy treatment</b>			
<b>Description</b>	<b>Quantity</b>	<b>Unit Price (USD)</b>	<b>Total (USD)</b>
Hospitalization with chemotherapy	Up to 25 days	2,550	63,750
Day care with chemotherapy	Up to 60 days	1,240	74,400
Day care	Up to 15 days	520	7,800
<b>Total:</b>			<b>145,950 US\$</b>

<b>MIBG imaging – if needed</b>			
<b>Description</b>	<b>Quantity</b>	<b>Unit Price (USD)</b>	<b>Total (USD)</b>
Adrenal imaging, medulla, I-123 MIBG, over 7 years of age	2	7,000	14,000
<b>Total:</b>			<b>14,000 US\$</b>

<b>Radiation – if needed</b>			
<b>Description</b>	<b>Quantity</b>	<b>Unit Price (USD)</b>	<b>Total (USD)</b>
Radiation	Up to 150 fields	160	24,000
SIM CT	1	1,480	1,480
<b>Total:</b>			<b>25,480 US\$</b>

<b>Aoutologic BMT</b>			
<b>Description</b>	<b>Quantity</b>	<b>Unit Price (USD)</b>	<b>Total (USD)</b>
Autologous bone marrow transplant	1	115,000	115,000
<b>Total:</b>			<b>115,000 US\$</b>

<b>Surgery- estimated cost</b>			
<b>Description</b>	<b>Quantity</b>	<b>Unit Price (USD)</b>	<b>Total (USD)</b>
Surgery		Up to 40,000	40,000
<b>Total:</b>			<b>40,000 US\$</b>
<b>Total to pay:</b>			<b>340,430</b>

✓ **The final charge will be determined according to the final list of services the patient receives.**

- **Not Included:** Personal expenses such as accommodations, transportation, etc.
- **Additional Charges:** In addition to hospitalization and ambulatory outpatient care, tourists will be charged for medical tests and procedures administered, and/or medication received during hospitalization, according to prices quoted by the Israeli Ministry of Health.
- **Cancellation and Refunds:** Appointments or tests cancelled with less than 24 hours notice will not be refunded.
- **Refund in cash:** A cash deposit will be refunded in cash for **up to 3 business days** after this period a refund will be made **only** by **bank transfer**.
- This price quote is valid for 30 days.

#### Price List (per day)

Description	Cost Per Day (US\$)
Intensive Care Hospitalization	\$2,440
Hospitalization	\$1,400
Outpatient Care	\$ 520

#### Bank Details for Money Transfers

**Account Name:** Rambam- Health Corporation

**Bank Name:** Bank Leumi Le Israel 10

**Branch:** Main Branch: 876

**Account no:** 347500/99

**IBAN:** IL 600108760000034750099

**Swift no:** Lumilittlv

Please inform us when wiring money.

Thank you for your consideration.

Respectfully,

Anna Boguslavsky, Director  
International Medical Services

**Please Complete and Sign the Form Below**

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**Approval of Estimated Cost of Treatment: 13868E**

**Patient Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name of International  
Medical Services  
Representative** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_