

27.11.2018

**Whom it may concern**

**Patient: Vlad Circiu**

**Assessment:**

Including ambulatory Tests: Bone Scan, Pulmonary Function,  
M.U.G.A. Laboratory Tests, Bone Marrow Biopsy, Imaging,  
CT scan and Ultra Sound, Nuclear Med., etc.

**\$10,000-16,000**

**After the assessment at Sheba Medical Center an updated estimation of costs will be provided and a supplement deposit will be required to enable us to proceed with the planned treatment.**

The Expected cost of oncological treatment: Chemotherapy, surgery, radiation, biological treatment – **300,000 – 450,000\$ (Not including autologous S.C transplantation).**

**Autologous S.C Transplantation**

We would like to bring to your attention that the patient may need to have a pre transplant treatment. The estimated costs given below are general and include this possibility. After the assessment at Sheba Medical Center an updated estimation of costs will be provided.

**Chemotherapy treatment: (1 cycle)**

Each cycle Up to 5 days of hospitalization

**\$15,250**

Not including Pharmacy services

Incase if I.CLOFARABINE 20MG/20ML CLOLAR each Amp- \$2,800

# Of Amp after the assessment

Cost for 1 cycle is about

**\$20,000-25,000**

# Of Cycles according to the patient's response to the treatment.

Related Medical Services: Laboratory tests, consultations

Follow up, blood products (if needed) etc.,

**\$10,000-15,000**

Extra days of hospitalizations **\$17,500-35,000**

**Autologous S.C Transplantation: \$75,000**

1. Price Include including one S.C. Collection (not including Mozobil),

Up to 30 days hospitalization and up to one month of ambulatory follows up,

In BMT day care unit, from the discharged day (consultation & routine blood test).

2. Second S.C. Collection, if needed (not including Mozobil) **\$23,000**

3. Storage up to 5 years paid in advance (if needed) **\$ 4,100**

4. Any additional days of hospitalization will be charged at the rate of \$1,750 per Day. Hospitalization in the ICU will be charged at \$4,200 per day for the first four Days and \$3,150 per day from the fifth day.

5. The treating physicians may determine that other diagnostic tests other than Those listed here are necessary (such as US, CT, MRI, Special Lab Tests, etc.); The costs of which are not included in this estimate will be charged under \*Tariff Of Israeli M.O.H for tourist.

6. **Not included:** Treatment for the basic disease, dental treatment (if required), Radiotherapy if needed or Special Pharmacy Services Mylotarg, Neupogen, blood Products Pathology, etc. Accommodation and transportation neither for the Patient nor for the accompanying person.

7. For the post transplantation period, the treating physicians may determine that Other treatment and/or diagnostic tests other than those listed here are Necessary (such as US, CT, MRI, Special Lab Tests, etc.); the costs of which are Not included in this estimate will be charged under Tariff of Israeli M.O.H for Tourist.

**International Medical  
Tourism Division**

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**Payment:**

A deposit of 120,000 is required prior to the arrival

Payment can be made by means of a bank transfer to our account, the details of which are given 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 feel free to contact us if you need further information.

We look forward to offering our assistance.

**International Medical Tourism Division**

**Sheba Medical Center, Israel**

Phone: +9723-5303100



The State of Israel  
Ministry of Health  
The Chaim Sheba Medical Center  
Tel-Hashomer 5265601, Israel

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