

Pediatric CAR-T Program (Novartis)

23/11/2020

Patient: Kapranova Kira

Diagnosis: ALL

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

Assessment:

Including ambulatory tests: bone scan, pulmonary function, MUGA, laboratory tests, bone marrow biopsy, imaging, CT and ultrasound scans, nuclear medicine, etc.

approx. \$10,000-15,000

We would like to bring to your attention that the patient may need to undergo a pre-CAR-T program. 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 of the CAR-T program.

Oncological treatment prior to CAR-T (not including BMT): **approx. \$50,000-120,000**

CAR-T Program:

Apheresis – lymphocyte cell collection	\$6,400
Cryopreservation of cells for the purpose of sending them abroad	\$2,730
The laboratory work is done at Novartis labs including the shipment of the cells	about \$400,000
Regular department hospitalization – expected up to 21 days	\$31,500
ICU hospitalization – expected up to 5 days	\$16,800
Chemotherapy treatment	\$4,500
Spinal puncture, lumbar diagnostic (without laboratory test)	\$1,000
Special lab tests – Malignancy genotyping, FISH, genotype characterization by karyotype analysis, etc.	\$6,000
CT (Computed Tomography) with/ without anesthesia	\$450/1,010

The price does NOT include:

1. Treatment for the basic disease; dental treatment; radiotherapy; blood products; central line insertion; TPN; special pharmacy services, such as Rituximab, Mylotarg, Neupogen, Treosulfan, Thiotepe/ Tepadina, Fludarabine, IVIG, Emend, etc.



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2. Blood products. Cost per unit of blood approx. \$255, expected about 50-200 units.
3. Accommodation and transportation neither for the patient nor for the accompanying person.

Notes:

1. Additional hospitalization days will be charged at the rate of \$1,500 per day and any days of hospitalization in the ICU will be charged at \$3,500 per day for the first three days and \$3,150 per day from the fourth day.
2. Quoted prices are valid for up to two months.
3. The treating physicians may determine that other diagnostic tests other than those listed above are necessary (such as US, CT, MRI, etc.); the costs of which are not included in this estimate.
4. The patient will be charged under the tariff of the Israeli MOH for tourists. The description and cost of medical services will be based on the price list published on the Ministry of Health website at: <http://www.health.gov.il>.
5. A relative should accompany the patient.
6. Service at Sheba Medical Center is provided in English or Russian only.
7. The patient has to arrive with all physical pathology samples and all imaging tests CD'S.

Payment:

A deposit of \$100,000 is required before arriving at SMC.

Payment can be made by means of a bank transfer to our account, as specified 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 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: _____



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Please feel free to contact us if you need further information.
We look forward to offering our assistance.

International Medical Tourism Division
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