



January 28, 2020

Dear Maya,

The Letter of Agreement (LOA) is in reference to the medical care to be rendered to Ada Keshishants (“Patient”), by Nationwide Children’s Hospital’s physician, Dr. Anne Connolly, in the Neurology Clinic related to treatment of SMA.

The following is an **estimate only**. Actual costs may vary from the original estimate depending on the scope of services needed during treatment. We will monitor your account closely and keep you informed of the costs of services that we have provided and expect to provide.

1) Cost Estimate for treatment you are requesting is: \$2,400,000.00 USD

Service	Cost
LAB OUTPATIENT LAB MAIN CAMPUS	\$ 450.00
T4D INFUSION CLINIC ZOLGENSMA	\$ 2,350,000.00
LAB OUTPATIENT LAB MAIN CAMPUS	\$ 480.00
LAB OUTPATIENT LAB MAIN CAMPUS	\$ 460.00
LAB OUTPATIENT LAB MAIN CAMPUS	\$ 800.00
NEUROMUSCULAR DISORDERS CLINIC MAIN CAMPUS	\$ 550.00
SMA CLINIC MAIN CAMPUS	\$ 965.00
PHARMACY	\$ 70.00
PHARMACY	\$ 70.00
LAB OUTPATIENT LAB MAIN CAMPUS	\$ 460.00
LAB OUTPATIENT LAB MAIN CAMPUS	\$ 460.00
NEUROMUSCULAR DISORDERS CLINIC MAIN CAMPUS	\$ 550.00
URGENT CARE MAIN CAMPUS	\$ 130.00
PHARMACY	\$ 110.00
ESTIMATED ADDITIONAL FACILITY CHARGES	\$ 44,445.00
COST ESTIMATE	\$ 2,400,000.00

*The estimated cost for the patient’s medical care does **not** include:

- a) Diagnostic testing and other appointments with clinicians that are not a part of the careplan
- b) Unexpected hospital admissions, treatments or surgeries
- c) Elective services the patients might need or want (e.g. rehabilitation services, longer inpatient lengths of stay, etc.)
- d) Meals, lodging, travel, and other expenses (e.g. home care, home infusion, retail pharmacy, etc.)
- e) Prescription medications from Hospital outpatient pharmacies will be discounted at 15% from total cost.

2) Payment Instructions:

We must receive one payment (100%) of the estimated cost, at least 3 weeks prior to your arrival. Please review and acknowledge the attached Notice of Financial practices for self-pay patients.

To obtain our bank (wire) transfer instructions or to submit an online payment, please visit our international payment page <https://NationwideChildrens.flywire.com>

MAKE A PAYMENT

Signed and agreed by Legal Guardian:

Parent/Guardian Name

Date