



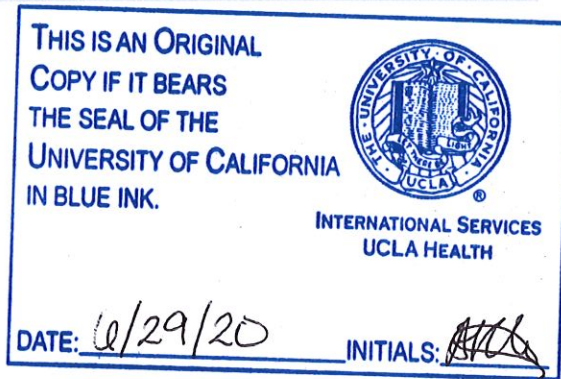
International
10920 Wilshire Blvd.
Suite 1800
Los Angeles, California 90024
4/14/2020

Estimate Information

Patient Name Yamkovsky, Leonid Olegovich MRN 6244370

Proposed Services Details: Zolgensma Treatment

Hospital Charges	\$7,000.00
Professional Charges	\$8,000.00
Laboratory Charges	\$8,000.00
Medication Charges	\$2,211,031.00
Total Estimated Charges	\$2,234,031.00



To the Parents of Leonid Yamkovsky,

The purpose of this letter is to detail your financial responsibility.

- The estimated hospital charges include: facility fees for all consults and post-treatment physical therapy.
- The estimated professional charges include: Initial consultation with the doctor and approximately 12 post-treatment follow-up visits.
- The estimated lab charges include: screening labs and post-treatment labs done during follow-up clinic visits.
- The estimated medication charges include: charges for the medication (Zolgensma) and infusion administration.
- Please note that the estimated charges for the Zolgensma treatment include the charges as outlined above. Should any additional services be recommended, additional charges may apply and further deposits may be requested.
- The estimated charges do not include any additional outpatient (take-home) medication, any other procedures that may be performed, any private duty nursing requested or provided, any durable medical equipment that may be required, any home health care requested, any outpatient physical and occupational therapy, or the fees of additional specialty physician(s) who may be called in for consultations.
- If any additional inpatient or outpatient care is necessary, additional deposits will be required and payment is due within 10 (ten) days of the date of service.
- Please allow 45 days after the last date of service to finalize your billing statements. Should there be a remaining credit, then we will begin the refund process after the 45 days. Refunds will be paid in the same manner as the deposit was paid; example, if deposit is paid with a credit card, the refund will be credited back to the same credit card. Cash payments will be refunded via check to the original payee.

If you have any questions, please contact International Finance at +1-310-267-3100.

I fully understand the estimated charges described above, as well as my financial obligation.

Patient Name

Signature

Date