

Wednesday, June 15, 2011

To:

Mr.Savotskiy Pavel

Kasakhstan

Dear Family

I am honored to submit the following medical plan for your review. As I already mentioned, iMER (see www.imer.biz) is a Hadassah Medical University (see www.hadassah.org.il) affiliate and its international marketing arm.

We will be happy to take full responsibility on planning, orchestrating and coordinating the following plan –

Our medical team led by Prof. Melmed Ray (CV attached) and Prof. Resnik, Senior of in the Department of Bone Marrow Transplantation, Cancer Immunotherapy and Cell Therapy in Hadassah University Hospital, Jerusalem Israel assessed the medical information you sent us and recommended Bone Marrow Transplantation - We propose you come to Hadassah for a full evaluation and preparation for BMT process. You may be asked by Prof. Or to undergo additional investigations and laboratory tests for a clearer elucidation of your problem. The best treatment options will then be presented to you for a decision.

See financial terms attached.

We will be more than happy to assist you with all the logistics preparations (Including travel documents, flights, transportation and accommodation). We will wait for you at the airport and will host you all along the process.

By counter signing Attachment 2 of this document, patient waives medical confidentiality and hereby authorizes Hadassah, iMER and anyone on their behalf to receive all medical records and information required in connection with the services quoted hereunder. Kindly confirm by signing this quote – either electronically to Email: olgaga@imer.biz and/or by fax to my personal e/fax +972-7-224-48-785.

I hope the above plan meets your expectations. If not - please don't hesitate to call me on my personal mobile number +972-50-517-2301

Olga Garelik

Marketing & Case Manager,
iMER Ltd.

www.imer.biz



iMER. THE HADASSAH INTERNATIONAL PATIENT OFFICE

iMER Office. Hadassah Medical Center, Kiryat Hadassah, Ein Karem, Jerusalem 9120 Israel

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Item	Indicative Price in USD	Comments
Autologous ("Self Donor") PBSCT ("Peripheral blood stem cells transplantation")	\$95,800	including G-CSF mobilization, PBSC harvesting and cryopreservation.
Allogeneic matched ("process between two people with genetic matching – donor and patient") related (Donor is family member of the patient) PBSCT	\$153 500	
Allogeneic matched ("process between two people with genetic matching – donor and patient")unrelated (Donor is not family member of the patient) PBSCT.	\$191600	Price includes: <ul style="list-style-type: none"> • One cord blood unit. • Second cord blood unit will add to the cost. • PBSC procurement of unrelated donor and personal delivery of the graft.
Allogeneic Haplo-identical ("process between two family members with no genetic matching)PBSCT	\$230 000	<ul style="list-style-type: none"> • Price includes: Graft manipulation • Does not include HLA typing for family members.
HLA typing	\$1 860	Per person
Donor search	\$22 150	<ul style="list-style-type: none"> • Donor search worldwide including initiation fee and donor's HLA typing

Medical Consultations	Item Price \$	QTY	Total \$
Medical First Assessment Prof. Melmed	470	1	470
Medical consultation Consultation with Prof. Resnik - BMT	525	2	1,050
Total Medical Consultations			1,520

IMER No: [11-05-244 \(3\)](#)

Medical Procedures	Item Price \$	QTY	Total \$
Laboratory and radiology tests CT, BM aspiration, labor&blood tests	15,000	1	15,000
Hospitalization Hospitalization in oncology Dep. without chemotherapyX 45 days	41,400	1	41,400
Chemotherapy treatment Oncology/Hematology/Pediatric Day care+chemotherapy x 6 days	8,050	1	8,050
Bone Marrow Transplantation with matched related donor (See details document attached) Allogeneic matched ("process between two people with genetic matching – donor and patient") related (Donor is family member of the patient) PBSCT	153,500	0	0
Bone Marrow Transplantation with matched unrelated donor (See details document attached). Allogeneic Haplo-identical ("process between two family members with no genetic matching)PBSCT	230,000	0	0
HLA typing This will cover the process set up, tissue typing, and searching payments to BMT centers and donor banks around the globe	1,860	1	1,860
Donor search	22,150	1	22,150
Medications	4,000	1	4,000
Allogeneic Haplo-identical (191,600	0	0
Total Medical Procedures			92,460

Logistics	Item Price \$	QTY	Total \$
iMER Airport Express: This includes a two-way trip for up to (maximum) 4 people. This services includes an iMER representative meeting you when you arrive in Israel at the bottom of plane's stairs and assisting you with passport control as well as a taxi to transport you to your hotel.	200	2	400
Any other taxi trips should be paid by the patient and/or family members directly to taxi drivers			
Total Logistics			400
Total Medical cost			94,380



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General Terms and Conditions

1. The above prices are our best estimate based on the information we received from you. Actual costs may vary based on developments during your stay. Any change in the length of inpatient stay or any other future treatment may entail additional costs.
2. Kindly note, hospital rules require making a down payment of \$94 380 Down payment can be made by wire transfer / cash / credit card.
3. Payment is in USD. Payment in other currency shall entail a 3% surcharge.
4. Payment by credit card will be collected in New Israeli Shekels according to the Bank Discount Bank Notes Selling Price in USD, at the time of payment.
5. Quote was calculated according to an exchange rate of \$1 = NIS 3.41. Price will be recalculated based on the exchange rate on the date of admission
6. Final Statement of Account will be provided to you within three business days of discharge.
7. Refund – by cash – upon generation of statement / by wire transfer – within 7 days / by credit card within 21 days.
8. This quote is valid until July 15, 2011.
9. Kindly note, that according to hospital rules we require that this document to be signed in order to schedule your medical plan.
10. Payment by Credit Card shall entail a surcharge of 3%.



Terms and Conditions specific to BMT:

1. Price of package includes:
 - a. Patient - preparation for transplantation (this include 21 hospitalization days, any additional day before the transplantation will be charged \$1,500 per day) , post transplant outpatient follow-up and all necessary medical treatments related to the transplant up to 3 months from date of transplant.
 - b. Per Donor – Preparation for stem cell donation, medical check-up, G-CSF mobilization and stem cell collection.
2. Price of the package does not include HLA typing
3. The price of additional 3 months to the initial package above will be \$29,700. After that the BMT package may be extended for additional 3 month periods. The overall time of the whole treatment may be 1 year.
4. The above prices do not include any dental treatment costs as may required according to the BMT medical team. It is strongly recommended to have a complete dental evaluation and treatment prior to coming to the BMT process. Please bring with you all dental x-rays and other images you have.

While iMER uses reasonable efforts to provide accurate and up-to date information, iMER and/or anyone on its behalf, is merely a broker between the service provides and its customers. Therefore, iMER makes no warranties, guarantees or representations and does not assume any liability or responsibility to a customer or third party, as to the accuracy or completeness of the information provided, the content or suitability of the service offered, acts or omissions of the service providers or any results and consequences there form. This quotation includes a standard iMER service fee.



Attachment 2 – Plan approval

Approved by,

Passport No.

Please charge my credit card

I will pay the down payment by wire transfer / cash. I will provide my credit card details for guarantee purposes (need copy of passport).

Credit Card: _____

No. _____ - _____ - _____ - _____

Code: _____

Expire: _____

Signature of patient or authorized representative

iMER Israel Bank Account Details

Bank name – **Bank Discount**

Branch name - **Borochoy Str, 74 Jerusalem Israel**

Branch Number - **65**

Swift Code - **IDBLILIT**

Account Number - **101147955**

Account Name - **iMER Israel Ltd.**

IBAN - **IL05 0110 6500 0010 1147 955**





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Attachment 3 – Doctors CV

<p>Prof. Ray Melmed</p> 	<p>Born in South Africa in 1938, married with 2 children. Graduate of the University of Cape Town, South Africa. Specialized training in Internal medicine, Gastroenterology and Liver Diseases, Royal Free Hospital, University of London. Registered as a Specialist in Internal Medicine. Fellow of the Royal College of Physicians, London. Previously, Head of Department of Medicine and of the Unit of Behavioral Medicine in Internal Medicine, at the Hadassah-Hebrew University Medical School.</p>
<p>Dr. Moshe Levin</p>	<p>Born in New York, USA Education Dr. Levin studied Medicine at New York University; he completed his Internal Medicine training, Hematology and Oncology training there. From 1986 to 2002 he was Chief of Oncology-Hematology department in Metropolitan Hospital center in NY. Professional and academic experience Since 2002 Dr. Levin is the head of the Hematology Service in Hadassah Mt. Scopus. He participates actively in teaching residents and medical students and is an integral member of Hematology Department.</p>
<p>Prof. Reuven Or</p> 	<p>Prof. Reuben Or, is the Head of in the Department of Bone Marrow Transplantation, Cancer Immunotherapy and Cell Therapy in Hadassah University Hospital, Jerusalem Israel. Prof. OR joined Hadassah in 1983 and finished his specialization in Hematology. Prof. Or was part of the pioneer team led by Prof. S. Slavin in the BMT field. Prof. Or is a teaching professor since 1999. Prof. Or was part of an immunology research in the national institution in Denver Colorado. Prof. Or is part of many clinical research teams in various angles of the BMT filed. In 2002 Prof. Or won the highest prize from the Israeli medical association.</p>

