



מרכז שניידר לרפואת ילדים בישראל
 مركز شنايدر لطب الأطفال في اسرائيل
 Schneider Children's Medical Center of Israel
 Sackler School of Medicine, Tel-Aviv University



December 9, 2024

To whom it may concern

Ref: Sarokin Raman

Thank you for approaching Schneider Children's Medical Center of Israel. Following the evaluation by our multidisciplinary team- ENT specialists, plastic and cranio-facial surgeons, they have concluded the boy needs complex surgical reconstructive intervention.

Complex reconstructive surgery: -Bilateral coronoidectomy -Bicoronal flap for access -Comissurotomy -Tissue grafts The price includes: -Basic blood tests and anesthesiologist consultation -Participation of 4 senior specialists -Up to 21 days of hospitalization -Up to 6 weeks of follow up ambulatory visits (1-2 per week)	119,338 USD
Deposit for any unexpected charges (surgical procedures, additional hospitalization days, imaging, etc.)	50,000 USD
Prepayment for admission	169,338 USD

The provided program cost is not final and can vary according to the evaluations, complications, additional diagnostic and treatment procedures, hospitalization course and currency rate changes.

The listed price doesn't include accommodation and transportation services neither for the patient nor for the accompanying person.

Quoted prices are valid for up to 3 months.

In case of any remaining funds from deposit, the amount will be refunded to your original bank account.

Please be aware that the hospital's accounting system is denominated in shekels, and therefore, all payments received or refunded are proceeded in shekels. The fluctuation in foreign currency rates may cause additional charges.

Payment by bank transfer:

Payable to: Schneider Children Medical Center of Israel
 BANK: HAPOALIM
 BRANCH: 063 – AYALON
 ADDRESS: 26 Harokmim st. Holon, ISRAEL
 ACCOUNT NO.: 220423
 SWIFT: POALILIT
 IBAN: IL68-0120-6300-0000-0220-423

Reception-Head Cashier
 Schneider Children's Medical Center Of Israel
 14 Kaplan Street, Petach Tikva 49202
 Tel: 972-3-9253795 Fax: 972-3-9253309

Date: _____ Parent's signature: _____