

## BUDGET

Budget Id: 23PS03388 Emission date: 26-10-2023

Name and surnames: ISKANDARYAN, GABRIELLA NHC: 1956902

**Treatment:** 00138936 Evaluation + Immunotherapy (5 cycles) + radiotherapy

Service: ONCOLOGY

Concept	TOTAL
ASSESSMENT AND DIAGNOSTIC CONFIRMATION	
Laboratory testing	7.616,00€
Punctures	515,00€
Diagnostic imaging tests	6.207,00€
Complementary tests	91,00€
Physicians appointments	1.471,00€
Port-a-cath placement	2.478,00€
NEUROBLASTOMA TREATMENT	
Forfait immunotherapy	164.055,00€
Medication - Naxitamab	248.720,00€
Radiotherapy Sessions	27.857,00€
* Deposit for possible additional treatment. if not applicable, it will be returned at the end of the treatment.	40.000,00€

TOTAL	499.010,00€
TOTAL BUDGET	499.010,00€

The cost of naxitamab medication has been calculated according to patient weight: 16Kg

THE TREATMENT PROPOSAL CONSISTS OF TWO PARTIAL BUDGETS: 23PS03387 and 23PS03388.

TO START THE TREATMENT INCLUDED IN THIS BUDGET, IT HAS TO BE PAID IN ADVANCE.



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## Concepts included in the budget:

- Pass includes stay on the ward: up to 7 days on immunoterapia treatment, 16 days on HITS treatment and 45 days on NICE treatment.
- Transfers to/from airport.
- Assistance on accommodation management during the stay in Barcelona.
- Meals for patient and companion in case of hospital admission.
- English translation of discharge reports.
- Personalized support by Patient Managers. (Speaking languages: English, Arabic, French, Chinese and Russian).
- Translation/interpretation service.

Concepts excluded in the budget:

- Additional stays.
- Ambulance service.
- Following medication: nitric oxid, cytostatics, retroviral treatment, antibiotics of restricted hospital use, fibrionolytics, complex anticoagulants, surfactants, ADCON-L, growth hormone, immunosuppressive treatment.
- Material for hemodialysis if necessary.
- Enteral and parenteral nutrition.
- Consultations and treatments not related with neuroblastoma.

Payment Conditions:

100% payment in advance by bank transfer.

Bank details:

Beneficiary: HOSPITAL SANT JOAN DE DÉU

Swift: CAIXES BBXXX

IBAN: ES10 2100 0148 5002 0022 2312

This budget is valid for 6 months.