



March 20, 2015

RE: Mr. Leonardo Konarzewski

DOB: Jan 03 1994

To whom it may concern:

Hello. Enclosed are the estimated costs for an Autologous Peripheral Blood Stem Cell Collection and Transplant at Mayo Clinic. The pre-service deposit required prior to the evaluation is \$55,000.00. Upon completion of the evaluation if the patient is a candidate for the transplant an additional \$160,000.00 is required in order to proceed with the transplant. If the patient needs Plerixafor, that is an additional \$8,500.00 per injection. Patients are responsible for all costs related to non-medical expenses (travel, food and lodging) or medical expenses incurred while on the waiting list for a transplant.

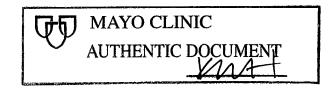
Chemotherapy has been recommended as well. An estimate based only on the patient's current weight/height would be approximately \$4,400.00 per treatment day. Each chemotherapy cycle consists of two days thus the total cost for each cycle would be approximately \$8,800.00. The patient may want to request a new estimate once chemotherapy has been scheduled. The patient is responsible for all financial costs of proposed treatment.

Thank you,

International Financial Services

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ESTIMATE

AUTOLOGOUS PERIPHERAL BLOOD STEM CELL (PBSC) TRANSPLANT ESTIMATED CHARGES AT MAYO CLINIC ROCHESTER

The following estimate for Autologous Peripheral Blood Stem Cell Collection and Transplant at Mayo Clinic can serve as a guideline for patients and third party payers. Actual charges vary depending on the patient's medical condition both pre and post transplant.

- A. Evaluation and Collection 5 collections (average) \$40,000 \$55,000*
 - Conditioning Chemo
 - Growth Factor
 - Collection

B. Hospitalization for transplant - Inpatient

75,000 - 100,000*

- Physician Fees
- Facility Fees

C. Outpatient Follow-up Charges

30,000 - 60,000

Total **estimated** charges

\$145,000 - \$215,000

Pre-Service Deposit for evaluation:

\$ 55,000*

• Pre-Service Deposit prior to listing for transplant:

\$160,000*

The above estimates do not include costs related to non-medical expenses (travel, food, and lodging) or medical expenses incurred while on the waiting list for a transplant.

Hospital and Mayo Clinic claims will be submitted to the patient's insurance carrier(s). Personal responsibility balances are due upon receipt of the monthly statement, unless other arrangements have been made with a Mayo Clinic Representative.

*Self-pay patients should be prepared to make the required pre-service deposit (as indicated above) prior to starting their evaluation and again before being listed for transplant.

MAYO CLINIC
AUTHENTIC DOCUMENT

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