



DEUTSCHES HERZZENTRUM BERLIN
STIFTUNG DES BÜRGERLICHEN RECHTS

Deutsches Herzzentrum Berlin, Postfach 65 05 05, 13305 Berlin

Mr. and Mrs. Pavloa

Prof. Dr. Dr. h.c. R. Hetzer (hetzer@dhzb.de)
Herz, Thorax- und Gefäßchirurgie

Prof. Dr. E. Fleck (fleck@dhzb.de)
Innere Medizin-Kardiologie

Prof. Dr. Dr. h.c. H. Kuppe (kuppe@dhzb.de)
Anästhesiologie

Prof. Dr. F. Berger (berger@dhzb.de)
Angeborene Herzfehler-Kinderkardiologie

Berlin, den 11.09.2009

Gesch. Z.: OV/lo

Durchwahl: 030/4593-2800

for information: Mrs. Rost – internal

RE: Medical Treatment for
PAVLOA, Polina – 4 years old

Dear Mr. and Mrs. Pavloa

Thank you for your inquiry of treatment of your daughter Polina. According to the medical records, which you have sent us; our physicians saw that she is suffering from a pulmonary hypertension and suggest that she should undergo following treatment at the German Heart Institute Berlin.

The medical classification is solely based on the presented medical records and can be revised upon the initial medical examinations.

The estimated costs for this procedure will be:

- diagnostic, complex and complicated heart catheterization Including PHT-testing	15.080,00 €
- computer tomography	650,00 €
- The standard costs for the special medical treatment of the pulmonary hypertension in small child (for 1 year)	32.000,00 €

	47.730,00 €
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This sum includes a maximum of 8 days of hospitalization. Every further day will be billed with 1.535,00 € for treatment.

This sum includes hospitalization fees, materials, medication and laboratory examinations. Standard room accommodation is provided.

The costs for the medical treatment, which will be discussed after the completely investigations are noted separately.

Please note, that the indicated price is a lump-sum, and that in the case of non-utilization of the mentioned maximum hospitalization period, this will not lead to a reduction of the lump-sum.

Provided either you or your insurance company is willing to cover these expenses, we will request the sum mentioned above to be deposited in advance to the following bank account of the German Heart Institute Berlin (Deutsches Herzzentrum Berlin):

Recipient: Deutsches Herzzentrum Berlin
Bank: Landesbank Berlin -Girozentrale-, Berlin
Account no.: 310 008 000
Bank Sort no.: 100 500 00
S.W.I.F.T.: BELADEBE, IBAN: DE 42 1005 0000 0310 0080 00
Please indicate the name of the patient.

We will arrange dates for hospital admission and operation as soon as the transfer is confirmed by our bank.

During your stay in Berlin, you as the parents may wish to stay at the Ronald McDonald Parents' House, which is not far from the hospital. This accommodation is available at no further charge. Alternatively you can stay at the Axel Springer Guest House, which is located on the same campus only a few steps apart. However, the additional guesthouse costs would need to be paid separately.

If you agree with these terms or should you have any further questions, please do not hesitate to contact Dr. Ovrouski by telephone: ++49 30-4593-2834, or fax: ++49 30 4593-2900.

Sincerely,



Prof. Dr. med. F. Berger
Head of Dept. for
Congenital Heart Defects/
Paediatric Cardiology

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