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

CLALIT 100 over years
The Best For Your Family

**July 17, 2025**

**Ref: Rudolsky Alexandr- susp. Combined immunodeficiency vs autoimmune disease-estimated cost of evaluation and possible treatment**

**Dear Sir/ Madame, thank you for approaching Schneider Children's Medical Center of Israel. Dr. Nufar Marcus, the Head of Immunology Department, Dr. Naama Orenstein, the Head of Genetics Department, Prof Efi Bilavsky, the Head of Infectious diseases Department and Dr. Asaf Yanir, the Head of the BMT Department reviewed the medical data you have shared with us. Alexander needs complete evaluation in hospitalization for the correct diagnosis establishment, followed by Bone Marrow transplantation. Individual treatment plan will be based on the evaluation findings.**

| Evaluation : | |
|---|---|
| First consultation by any pediatric specialist | 650 USD |
| One day of hospitalization in pediatric department (if needed). Hospitalization day price includes routine lab tests, basic imaging (US, X-Ray) - | 1650 USD |
| One day of hospitalization in day care unit (if needed) including consultation and basic blood tests | 780 USD |
| Hospitalization day in ICU (each one of first 4 days)-if needed | 3500 USD |
| Hospitalization day in ICU (from the fifth day the price is similar to pediatric department ) | 1650 USD |
| Immunologic investigation of combined immunodeficiency: Cytogenetic tests, lymphocyte subsets, TRECS, mitogen activation, immunologic panel and genetic tests - the price will be calculated according to the list recommended by the doctor | 15000-25000 USD (approximate cost) |
| Cardiac evaluation including ECG, ECHO and medical consultation | 1650 USD |
| MRI (if needed) each part | 2350 USD |
| CT (if needed) | 1100 USD |
| Bone marrow biopsy | 2880 USD |
| Bronchoscopy ( if needed) | 3760 USD |
| Central line insertion (if needed) | 4800 USD |
| ECHO, Ultrasound | 440 USD |
| Lung function test | 2350 USD |

**In case the boy will be found suitable for Bone Marrow Transplantation (the type depends on avaliability of a suitable donor and other factors. All the options will be explained to the parents)**

| | |
|---|---|
| Allogeneic transplantation from related or unrelated donor (incl. induction, BMT procedure with up to 6 weeks of hospitalization and up to 3 months of ambulatory follow-up) | 128,000 USD |
| HLA Typing (each sample) | 3,200 USD |
| Donor search, cells collection and delivery (depending on the country of supply and the complexity of the search)- unrelated donor | 15,000-60,000 USD |
| Cells collection, processing and preservation (relative donor) | 27,960 USD |
| Haploidentical transplantation (incl. induction, BMT procedure with up to 6 weeks of hospitalization and up to 3 months of ambulatory follow-up) | 198,700 USD |
| HLA Typing (each sample) | 3,200 USD |
| Cells collection, processing and preservation | 27,960 USD |

**The price does not include biological or immunological treatment, surgical procedures**
**Genetic and another specific lab tests are not included (will be calculated according to the doctor`s recommendations)**
**Our specialists need all the medical documents (reports, conclusions, imaging discs and biopsy material with description in English) for complete reevaluation**
**Prepayment for admission in the amount of 100,000 US dollars to the bank account of the hospital will be needed. Prior to BMT procedure its cost should be paid in full.**
**In case of any remaining funds post-treatment or unencumbered by any reason 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.**
**This price offer is not final and can vary according to the evaluations, treatment protocol, complications and currency rate changes.**
**Quoted prices are valid for up to 1 month.**
**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

**Parents' signature Date**

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