Estimate of Charges

UCLA Health

International
924 Westwood Blvd., Suite 1070
Los Angeles, California 90024

10/25/2021

Estimate Information

Patient Name Yatsenko, Mariya MRN 6315691

Proposed Services Details: Zolgensma Treatment

Hospital Charges	$47,000.00
Professional Charges	$11,000.00
Laboratory Charges	$14,000.00
Medication Charges	$2,202,031.00
Total Estimated Charges	$2,274,031.00

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INTERNATIONAL SERVICES UCLA HEALTH
DATE: 10/25/2021 INITIALS:

In c/o Mariya Yatsenko,

The purpose of this letter is to detail your financial responsibility.

- The estimated hospital charges include: facility fees for all consults, infusion administration, approximately 15 visits of post-treatment physical and/or occupational therapy, and 4 months of the prescription medications prednisolone and famotidine. In addition, the hospital charges include possible admission for three days in a regular patient bed in case of complications following the Zolgensma infusion.
- The estimated professional charges include: initial consultation with pediatric neurology, approximately 12 post-treatment follow-up visits with pediatric neurology, and 4 visits with general pediatrics and/or pediatric orthopedics.
- The estimated lab charges include: screening labs and approximately 12 post-treatment lab draws.
- The estimated medication charges include: charges for the Zolgensma medication only. Please note that the estimate for the medication applies only for children weighing less than 13.5 kilograms.
- Please be advised that all estimated charges for the Zolgensma infusion are for outpatient services only. In the event that the patient is admitted and Zolgensma treatment is administered as an inpatient, charges will be significantly higher and additional deposits will be requested.
- The estimated charges do not include any additional outpatient (take-home) medication, any other procedures that may be performed, any private duty nursing requested or provided, any durable medical equipment that may be required, any home health care requested, any additional outpatient physical and occupational therapy, or the fees of additional specialty physician(s) who may be called in for consultations.
- If any additional inpatient or outpatient care is necessary, additional deposits will be required and payment is due within 10 (ten) days of the date of service.
- Please allow 45 days after the last date of service to finalize your billing statements. Should there be a remaining credit, then we will begin the refund process after the 45 days. Refunds will be paid in the same manner as the deposit was paid; example, if deposit is paid with a credit card, the refund will be credited back to the same credit card. Cash payments will be refunded via check to the original payee.
- Payment is due in full prior to scheduling the initial appointment.

If you have any questions, please contact International Finance at +1-310-267-3100.

I fully understand the estimated charges described above, as well as my financial obligation.

Patient Name _____ Signature _____ Date _____