

Rome, 10th October 2019

CONFIDENTIAL

To: Julia Krela's parents
juliakrela@o2.pl

Subject: Admission of patient Julia Krela

With reference to your request for the treatment in our Hospital for your daughter Julia Krela, resident in Poland, we are willing to inform you that our Hospital accepts to hospitalize the patient as planned and agreed with Prof. Adriano Carotti of our Department of Pediatric Cardiology and Pediatric Cardiac Surgery. Admission will provide the cardiosurgical treatment of Julia's malformation with about 20 days of hospitalization and a length of stay in Italy of approximately 40 days. The child must be accompanied by one parent.

Total costs will be € 29.000.00, if no complications arise. Pick-up from/to airport, accommodation for patient and parents and translation service for medical needs are also included. Travel costs will not be charged to our Hospital.

Bank transfer should be performed prior to arrival to:

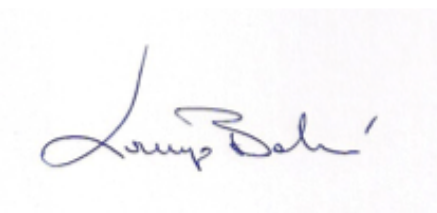
Ospedale Pediatrico Bambino Gesù - Intesa Sanpaolo Bank - IBAN IT 54 T030 6905 0201 0000 0063 876 - SWIFT BCITITMM700. Please indicate in the "motivation" the patient's name.

For invoicing, kindly provide **remitter's** details: complete name, address, zip code, Country, e-mail address.

Please feel free to contact us for any additional information.

With kind regards

Lorenzo Borghese, MD



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Bambino Gesù
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