



April 25, 2021

Dear Jaskólska family,

The Letter of Agreement (LOA) is in reference to the medical care to be rendered to Jagoda Jaskólska (“Patient”), by Nationwide Children’s Hospital physician, Dr. Jeffrey Leonard in the in the Neurosurgery Department related to treatment of astrocytic glioma.

The following is an **estimate only**. Full payment, based on the estimate, is required three weeks prior to the day of your first appointment; if Global Patient Services does not timely receive payment in full, NCH will not provide services and may cancel all your upcoming appointments. The required payment time may vary if the services you are receiving at NCH need to be expedited according to our physicians.

If additional services are recommended during your visit that were not included in the estimate, it will be necessary for you to arrange payment with Global Patient Services prior to receiving those services. If for some reason additional services are provided without a prior payment, family still responsible for the cost of the extra services provided.

Your final bill cannot be determined until up to 90 days after your treatment is complete at NCH and therefore you understand that your final bill may differ from the estimate. Furthermore, NCH strongly recommends that you purchase travel insurance prior to arriving in the United States to minimize the considerable financial risks of traveling and to cover unexpected, emergent medical expenses that could arise during your stay.

Refunds for over payments will be issued within 90 days of the account becoming a credit balance. The credit will be issued using the original form of payment.

**Cost Estimate Details:**

- 1) **YOU PAY: \$520,000 USD\*\*This includes the self-pay discount**

<b>Treatment Plan</b>
Redo the imaging including brain and spine to assess the extent of tumor and to make sure that the hydrocephalus is adequately treated.
Surgery 1-2 days in the ICU, 18 days on the floor-Includes Rehab
We are happy to see and consider further therapy. It would be important for us to have access to original pathology and when surgery is done here review pathology and look at BRAF status. In a 13-month-old with recurrent spinal cord JPA, if the whole tumor is taken out by Dr. Leonard, we may be able to just follow. It is difficult to discern when patient was originally diagnosed, given that the patient has received 2-3 cycles of chemotherapy per notes. If this patient has progressive disease on current chemotherapy, then post operatively we would consider further therapy which could include a ) chemotherapy such as carbo/vincristine ( if she has not progressed on this already) other chemotherapy such as vinblastine weekly IV, or consider targeted therapies with MEK inhibitor ( selumetinib etc...we have an open study for this) depending on pathologically and genomic findings which we would propose to conduct here.



\*The estimated cost for the patient's medical care does **not** include:

- a) Diagnostic testing and other appointments with clinicians that are not a part of the careplan
- b) Unexpected hospital admissions, treatments or surgeries
- c) Elective services the patient might need or want (e.g. rehabilitation services, longer inpatient lengths of stay, etc.)
- d) Meals, lodging, travel, and other expenses (e.g. home care, home infusion, retail pharmacy, etc.)
- e) Prescription medications from Hospital outpatient pharmacies will be discounted at 15% from total cost.
- f) Frames and glasses.

## 2) Payment Instructions:

We must receive one payment (100%) of the estimated cost, at least 3 weeks prior to your arrival. Please review and acknowledge the attached Notice of Financial practices for self-pay patients.

To obtain our bank (wire) transfer instructions or to submit an online payment, please visit our international payment page <https://NationwideChildrens.flywire.com> use MRN 3055410.

If you prefer to pay with a US debit/credit card, please let me know and I will take the credit card information.

Signed and agreed by Legal Guardian:



\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date