

The Heart Center

300 Longwood Avenue, BADER 273, Boston, MA 02115
Fax 617-730-0214

November 15, 2021

Bereza Family
Sent Via Email: berezanataliaa@gmail.com

RE: Bereza, Zuzanna
MRN: 5666393

Dear Bereza Family:

It is our pleasure to provide you with an opinion and treatment options for Zuzanna. Based on the medical records you provided, which have been reviewed by Dr. Ryan Callahan, Zuzanna may be a candidate to receive Interventional Catheterization.

The inclusive global discounted rate, including the length of hospitalization stay is **\$76,824.00**. This includes the following services at Boston Children's Hospital: 1 pre-catheterization visit with physicians (cardiologist and cardiac anesthesiologist), catheterization procedure, and recovery at a semi-private Inpatient Unit.

Upon discharge from the hospital, if Zuzanna were to need outpatient services such as medication, oxygen, physical therapy, etc., those costs would not be covered under this rate.

Please understand the above is a global discounted rate and we will cover all charges associated with care from the Cardiovascular Program. In the unlikely event that the diagnosis and/or procedure are different from originally planned, this discounted rate will no longer apply. This rate does not include any treatment or care by other specialties (such as Ortho, Neurology, Dental, etc.). **Please note this rate is extended to self-pay international families and not to insurers, government agencies, or non-profit organizations. Statements required for insurance refunds will not be provided.**

We recommend planning to stay in the Boston area for approximately 7 days for Zuzanna's recuperation.

A total deposit \$76,824.00 must be received in full 15 days prior to the first appointments and surgical date. The deposit should be wire transferred to the bank listed below. A copy of the wire transfer receipt should be emailed to HCdeposits@childrens.harvard.edu at least 15 days prior to the first appointment or the dates will be cancelled to accommodate other patients. If you require a visa letter, the total deposit of US \$76,824.00 must be received in full prior to a letter being granted.

Citizens Bank

One Citizens Drive
Riverside, Rhode Island. 02915
Account Name: Boston Children's Heart Foundation
Account Number: 110780-719-8
ABA Number: 011-500-120/SWIFT code for international transfers: CTZIUS33
Patient Name: **Zuzanna Bereza, MRN 5666393**

We understand this is a stressful time for your family, especially given the great distance you will need to travel. We are available to make the process run as smooth as possible. If you have any questions on the above, please do not hesitate to contact me at 857-218-3962.

Sincerely,

Department of Cardiology