The Children's Hospital of Philadelphia

Estimate of Expected Services for:

Patient Name	Janusa, Davis Daniels
Company Address	34th St Civic Center Blvd Philadelphia, PA 19104 US
Created Date	10/31/2014
Quote Number	00001506
Prepared By	Macy Matthews
E-mail	matthewsme@email.chop.edu
Contact Name	Olafs Volrats
Phone	011-371-67064470
Email	olafsvolrats@hotmail.com

Services	Line Item Description	Gross Charges	Quantity	Discount	Total Charges
Service	Treatment in the Lymphatic Imaging and Intervention Program with potential 48 day inpatient hospital admission	$855,000.00	1.00	50.00%	$427,500.00

Subtotal	$855,000.00
Discount	50.00%
Total Charges	$427,500.00

Exceptions

Patient is responsible for outpatient pharmacy medications and supplies, outpatient durable medical equipment and outpatient home care services.

Terms and Conditions

The full amount of the estimate must be paid to CHOP prior to the delivery of the patient and is valid for 30 days from issued date.

This amount is only an estimate of charges and the financial charges might change based on the actual services provided to the patient. In the event that additional or different treatment is recommended for the patient, CHOP will make a reasonable effort to provide you with a new estimate prior to performing such treatment; it may be necessary to arrange for additional payment prior to providing those services. If the patient's physicians at CHOP conclude that they must provide treatment to the patient before arrangements can be made for additional payment, they will provide the treatment and CHOP will submit an itemized bill to you after the treatment has been initiated. If services are provided before a new estimate is agreed upon, it is important to understand that you will be obligated to pay any amounts for services provided to the patient that are not covered by this initial estimate.

Agreement:

I have read this financial agreement letter and I agree to abide by the terms outlined above regarding the payment of services for care of my child at CHOP. I understand that CHOP is not obligated to provide care to the patient initially until after I have paid the full amount due for such care. I further understand that I will be obligated to pay additional amounts for the cost of any care that exceeds the estimate contained in this letter.

Quote Acceptance Information

Signature Jana of

Name OAICA / JANUSA

Title PATIENTS MOTHER

Date 12 / 1 / 2014