

To the Parents of Sergei Privalov

Moscow, Russia 108814

RE: Sergei Privalov - Request to visit Cincinnati Children's Hospital, USA

Cincinnati Children's Hospital Medical Center appreciates the opportunity to be of medical service to Sergei.

Prior to scheduling Sergel for medical care, we would like to openly discuss the details involving payment for the medical expenses Sergei will incur within Cincinnati Children's Hospital Medical Center. Assuming Sergei proceeds with the physician recommended treatment plan, we estimate the cost to be \$1,554,888 (US Dollars). This estimate is based upon the assumption that care will be rendered by June 30, 2022.

Donor search/graft acquisition	\$ 42,024
Labs (inpatient and outpatient)	\$ 105,060
Physician services (inpatient and outpatient)	\$ 420,240
Pharmacy (inpatient and outpatient)	\$ 262,650
OR, Recovery Room, Anesthesia, Medical/Surgical Supplies	\$ 84,048
Diagnostic Testing (MRI, CT, echocardiogram/doppler, PFT, EKG, GFR, Radiology, etc.)	\$ 105,060
Blood and blood components	\$ 21,012
Hospital Room and Board, Nursing, Therapy, Other Treatment	\$ 514,794
SUB-TOTAL SUB-TOTAL	\$ 1,554,888

Please understand this is only an estimate. It will be necessary for us to request additional funds should the treatment extend beyond the proposed procedures related to the above plan. Additionally, this estimate does not include incidental expenses you and your family may incur (e.g., transportation, housing, meals, medical equipment, outpatient/take-home pharmacy, etc.).

Please make sure that financial arrangements are finalized prior to scheduling your appointments with Cincinnati Children's Hospital. We will need to receive payment of \$1,554,888 (US Dollars) thirty-days prior to your arrival to Cincinnati Children's Hospital. Please ask the banker to use the information below when forwarding the full payment by electronic wire transfer:

Bank Name: PNC Bancorp

Bank Address: 201 East Fifth Street, Cincinnati, OH 45202

Swift Code: PNCCUS33

Account Name: Children's Hospital Medical Center

Account Number: 4006905132

Ref: Sergei Privalov

Sincerely,

Matt Strahlandor

Matt Strahlendorf Administrator Payor Relations

One: 513-636-310 Please note: Charge/claims processing can take approximately mately 30 days. As such, your final billing summary will be sent approximately etfond. 45 days after your final visit at Cincinnati Children's.