



HOSPITALS · RESEARCH · FOUNDATION

1 Children's Way, Little Rock, AR 72202-3591
501-364-1100 | www.archildrens.org

December 12, 2023
Patient: Artem Sardaryan 10 y.o.
DOB: February 08, 2013
Treatment: Elevidys

ESTIMATE

DMD Gene Therapy Financial Requirements

The following information is being supplied as the self-pay financial requirements for DMD Gene Therapy.

\$3,960,323 paid via wire fund transfer prior to scheduling

WIRE INSTRUCTIONS:

Bank: Arvest Bank
500 Broadway Place
Little Rock, AR 72201
Account Name: Arkansas Children's Hospital
ACCT NUMBER: 49789489
ROUTING NUMBER: 082900872

The required upfront payment is expected to cover the initial treatment, post infusion monitoring and contingency. Please note, this is an estimate only, the actual charges will depend upon your course of treatment and may exceed the amount requested for deposit. You will be responsible for the total charges incurred at Arkansas Children's Hospital and Children's University Medical Group. If the actual charges are less than the upfront payment, a refund will be issued to you in accordance with Arkansas Children's Hospital policy.

Please note: Services/Expenses NOT COVERED with this estimate:

- Personal expenses, such as food, lodging, and transportation costs

Please contact me if you have questions.

Kind Regards,

Stephanie E. Jackson, MHSM

Access Director; Admissions/International Patient Coordinator

Arkansas Children's Hospital

1 Children's Way • Slot 100 • Little Rock, AR 72202

(501) 364-1126

Jacksonse@archildrens.org



HOSPITALS · RESEARCH · FOUNDATION