

January 09, 2010

Dimitrova, Elena
Bulgaria,

Re: Mrs. Dimitrova,

It is the policy of the Transplant Center Finance at Jackson Memorial Hospital to inform you of the possible financial responsibilities you may incur should you choose to pursue transplant surgery at our facility.

The estimated inpatient charges vary from patient to patient depending on their individual medical situation, however, **this will confirm the hospital's agreement to a price discount for a multi-visceral transplant admission to Jackson Memorial Hospital, as follows:**

Multi-visceral Transplant Inpatient Admission - \$1,143,000.00 pre-payment (U.S Currency) is required. Jackson Memorial Hospital, Finance Division will extend a thirty (30%) discount to you on the total charges generated during the transplant admission for this procedure, provided that the full seventy percent (70%) of charges are paid within 60 days after discharge. **This pre-payment amount includes pre-transplant evaluation, transplant episode and one year post-transplant care.** This will not be a final bill, and for those charges that are posted subsequent to discharge, the same agreement will apply if payment is made within 60 days upon receipt of our bill. **Your professional fees will be billed separately.**

If the total charges exceed the average cost for the pre-transplant evaluation, transplant episode and one year post-transplant care, an interim payment will be requested proportionate to the discount rate.

Pre-transplant evaluation does not include services provided for an underlying none Organ-related medical condition prior to the day of transplant.

Re-transplant will require additional reimbursement at the same amounts indicated. Re-transplant during the same confinement for the original transplant will require re-negotiation.

Transplant of any organ(s) other than what is specified in this agreement will require additional financial arrangements.

Pharmacy charges – Paid at the prevailing rate.

Upon discharge, authorization is given to transfer any credit balance amount from the University of Miami to the patient's outstanding Jackson Memorial Hospital account(s).

The quoted amounts do not include the professional fees for the attending physicians, anesthesiologists, radiologists, surgeons, health care specialists or special tests, procedures, or services ordered by your physicians and charges that are not included within the Jackson Memorial Hospital claims(s); these must be arranged for separately with the University of Miami or appropriate providers.

In order to approve a patient financially for our program, the amount of one million one hundred and forty three thousand dollars (\$1,143,000.00- U.S. Currency) must be received by the hospital as a pre-payment. The pre-payment amount excludes wiring expenses, etc., which are the responsibility of the patient and/or guarantor.

The patient's financial capability to pay the pre-payment amount, including medication charges which can average between \$8,000 to \$10,000 and more per month must be confirmed prior to being approved for transplant.

Once we have come to a financial agreement, the pre-payment may be wired as follows or paid at the time of admission:

Sun Trust Banks, Inc.
25 Park Place
Atlanta, GA 30303

For Credit to: Public Health Trust
Miami-Dade County
Jackson Health System

Account# 0189000020310 ABA 061000104

Swift# SNTRUS3A

If you elect to wire the pre-payment be sure to include the patient's name on the wire and JMH medical record number; once we have assigned one and notified you.

Please contact our office upon your discharge to make arrangements to receive your final bill.

Should you have any questions, please feel free to contact <Your Name, Patient Financial Associate> at the following address or telephone number:

Jackson Memorial Hospital

Highland Professional Building
1801 North West 9th Avenue
2nd Floor Suite 212 I
Miami, Florida 33136
Telephone: (305) 355-5300
FAX: (305) 355-5244

Receipt of and agreement to terms as stipulated:

Signature/Date

Print Name/Relationship

Address

City, State & Zip Code (Country)

Area Code & Telephone Number

Sincerely,



Lazara Companioni.
Patient Finance Coordinator
Miami Transplant Institution/Jackson Health System

LC/JB