

# MILLER

SCHOOL OF MEDICINE

Agreement # 02102

February 10, 2010

Elena Dimitrova  
Sofia, Bulgaria

**Re: Intestinal/Multivisceral Transplant**

Dear Ms. Dimitrova:

This financial agreement is in regard to services provided by the University of Miami Health System (UHealth) to **Elena Dimitrova** to confirm an agreement and price discount for the transplant related services as outlined below.

A deposit of **\$175,000.00** in US currency will be required upon receipt of this letter by cashier's check or wire transfer to the account below prior to being placed on the active organ recipient waiting list. UHealth will then extend a **thirty percent (30%) discount** to you on the total charges generated for all services rendered by UHealth.

At any time pre or post transplant should the complexity of your medical care change or the initial deposit be insufficient, an additional deposit will be required within 5 business days. This letter too will be amended to reflect the new amounts. Should any re-admission or re-transplant become necessary, a new letter of agreement will need to be signed and an additional deposit will be required at that time.

Ninety days (90) after the last day of service, a refund of any remaining monies will be returned in full with a detail of your account.

The professional/technical fees of the University of Miami do not include hospital charges for Jackson Memorial Hospital. You will be contacted separately to make arrangements in regards to their services.

Please review, sign, and return this agreement to me. I must receive this signed document in order to clear your financial file. Should you have any questions, please feel free to contact me via phone at 305 243-7690, via fax at 305-243-4861 or via email at [bowens@med.miami.edu](mailto:bowens@med.miami.edu).

Sincerely,



Beverly Owens, RN, BSN, CCM  
Manager, Health Plans  
University of Miami Health Systems

I agree to the above terms:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Wire Transfer Information:**

Amount to be Deposited:  
Beneficiary FI Name:  
Beneficiary FI Address:  
ABA or Routing Number:  
Swift:  
DDA Account #:  
Beneficiary Name:  
Beneficiary Address:  
Beneficiary Reference:

**\$175,000.00**  
Bank of America  
Charlotte, NC  
026009593  
BOFAUS 3N  
1595794788  
UMDC Department of Surgery Transplant  
School of Medicine  
**Patient: Elena Dimitrova**  
**IDX #: Not Available**

