מרכז שניידר לרפואת ילדים בישראל
مركز شنايدر لطب الأطفال في اسرائيل
Schneider Children's Medical Center of Israel
Sackler School of Medicine, Tel-Aviv University

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To whom it may concern

August 31, 2026

Ref: Shutova Darina – suspected Alveolar Rhabdomyosarcoma -evaluation and basic treatment plan

Dear Sir/Madame, thank you for approaching SCMCI. Dr. Israel Wiess, Head of Onco-Orthopedy Department , Dr. Shirah Amar, Head of the Solid Tumors Unit, Dr. Orly Michaeli, Head of Onco- Genetics Unit and Prof. Shifra Ash, senior specialist in solid tumors assumed Darina needs complete evaluation including PET CT and lesion biopsy/ revision. Our doctors suggest to admit Darina soonest possible for the diagnosis establishment and treatment . Individual treatment plan will be based on evaluation findinds.

Procedure	Price
Diagnostic evaluation:	
First consultation by oncologist	650 USD
First consultation by any pediatric specialist (if needed)	650 USD
Lab tests (new oncologic patient)	1970 USD
Revision of biopsy	780 USD
Cytogenetic investigations (each one)	1260 -3880 USD
MRI –each part (if needed)	2350 USD
CT (if needed)	1100 USD
PET CT (if needed)	2900 USD
U/S Doppler	690 USD
ECHO, ECG	440 USD

Basic treatment protocol

Surgical procedure (from biopsy to major onco-ortopedic surgery) The price will be calculated according to the diagnostic evaluation findings	
CVC insertion /exchange/excision (PORT-A-CATH /PICC Line)	5360 USD
One day of chemotherapy in Oncology Day Care Department	1650 USD
One day of ambulatory follow up in oncology Day Care Unit	780 USD
One day of hospitalization without chemotherapy	1650 USD
One day of chemotherapy in hospitalization	2650 USD

Additional treatment options

Onco-oncologic surgery for tumor resection (if possible) from biopsy to major intervention. The price will be calculated according to the diagnostic evaluation findings	35000-69000 USD
Radiotherapy (if needed) estimated cost	25000-55000 USD

*The price does not include the cost of biological treatment, additional surgical interventions, accommodation
*This price offer is not final and can vary according to the evaluations, complications, additional diagnostic and treatment procedures, treatment course and currency rate changes.
*All the pathology materials (blocks and slides) and medical documents and (reports, conclusions, vaccination records, imaging discs with description) translated to English are needed for complete reevaluation by our specialists.
* Prepayment for admission in the amount of 50,000 USD to the bank account of the hospital is needed.
In case of any remaining funds post-treatment or unencumbered by any reason deposit, the amount will be refunded to your original bank account. Please be aware that the hospital's accounting system is denominated in shekels, and therefore, all payments received or refunded are proceeded in shekels. The fluctuation in foreign currency rates may cause additional charges.
Quoted prices are valid for up to 1 month.

Payment by bank transfer:
Payable to: Schneider Children Medical Center of Israel
BANK: HAPOALIM
BRANCH: 063 – AYALON
ADDRESS: 26 Harokmim St. Holon, ISRAEL
ACCOUNT NO.: 220423
SWIFT: POALILIT
IBAN: IL68-0120-6300-0000-0220-423

Parents' signature _____ Date _____

Reception-Head Cashier
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