



The Heart Center

300 Longwood Avenue, BADER 273, Boston, MA 02115
Fax 617-730-0214

January 21, 2021

Ryzhkov Family

Sent Via Email: ulakopcev@gmail.com

RE: Dmitry Ryzhkov

MRN: 5547881

Dear Ryzhkov Family:

It is our pleasure to provide you with an opinion and treatment options for Dmitry. Based on the medical records you provided, which have been reviewed by Dr. Pedro Del Nido and Dr. David Schidlow, Dmitry may be a surgical candidate to undergo a Fontan surgery.

The Cardiovascular Program is pleased to extend an inclusive global discounted rate. This rate is **US\$169,241.00** and includes the following services at Boston Children's Hospital: cardiac evaluation prior to catheterization, hospital admission for post-cath recovery and related medical services while inpatient, cardiac pre-operative evaluation with physicians (cardiologist, cardiac anesthesiologist and cardiac surgeon), cardiac surgery and hospitalization in the Cardiac Intensive Care Unit and continuing recovery in a semi-private inpatient recovery unit. This rate also includes 1 post-discharge cardiac visit and cardiac testing before your return home

Upon discharge from the hospital, if Dmitry were to need outpatient services such as medication, oxygen, physical therapy, etc., those costs would not be covered under this rate.

Please understand the above is a global discounted rate and we will cover all charges associated with care from the Cardiovascular Program. In the unlikely event that the diagnosis and/or procedure are different from originally planned, this discounted rate will no longer apply. This rate does not include any treatment or care by other specialties (such as Ortho, Neurology, Dental, etc.). **Please note this rate is extended to self-pay international families and not to insurers, government agencies, or non-profit organizations. Statements required for insurance refunds will not be provided.**

We recommend staying in the Boston area for approximately 4-5 weeks for Dmitry's recuperation and post-operative appointment.

A total deposit of \$169,241.00 must be received in full 15 days prior to the first appointments and surgical date. The deposit should be wire transferred to the bank listed below. A copy of the wire transfer receipt should be emailed to HCdeposits@childrens.harvard.edu at least 15 days prior to the first appointment or the dates will be cancelled to accommodate other patients. If you require a visa letter, the total deposit of US\$169,241.00 must be received in full prior to a letter being granted.

CITIZENS BANK

1 Citizens Drive

Riverside, RI 02915 USA

Account Name: Cardiac Surgical Patient Fund

Account No.: 110788-791-4

ABA No.: 011-500-120/Swift Code for International Transfers: CTZIUS33

Reference: Citizens Bank of Massachusetts

Patient Name: **Dmitry Ryzhkov, MRN 5547881**

We understand this is a stressful time for your family, especially given the great distance you will need to travel. We are available to make the process run as smooth as possible. If you have any questions on the above, please do not hesitate to contact us at (617-919-1518).

Sincerely,

Department of Cardiology & Department of Cardiac Surgery