April 13, 2017
Charles Mark Shirran
35556627

Memorial Sloan-Kettering
International Center
160 E. 53rd St.
New York, NY 10022 USA

Tel 212.639.4900
Fax 212.639.4938
international@mskcc.org

Re: Deposit for Recommended Treatment

Dr. Brian Kushner has recommended that you consider the following treatment plan on: Start Date To Be Determined

Protocol 05-075 Year 1 with 3 Bone Marrow Tests Only. All Other Scans To Be Done At Home

While we cannot provide you with the exact costs for this plan of treatment, we estimate the cost will be approximately **$225,000** (*which would be deposited as follows*):

$190,000 for: Hospital Charges **$ 35,000 for: Physician Charges**

Please be aware that this is only an estimate. It was formulated based on the treatment plan provided to us as noted above. In the event your treatment plan includes an inpatient stay; the above noted amounts include semi-private room accommodations. If this plan differs from what was explained to you please let us know immediately. Also, please take note that the above noted treatment plan may not take into consideration other possible treatments, modalities of care or changes which may be deemed medically necessary. It reflects average costs associated with care. Therefore actual charges could exceed the amounts noted above. Additional deposits will be needed for additional services.
****For inpatient treatment the above noted amounts include semi-private room accommodations**.
****Deposits collected by the International Center are for services provided at Memorial Sloan Kettering Cancer Center only. Any costs associated with post acute care and discharge planning services such as, but not limited to, home healthcare services and supplies, durable medical equipment rentals, home infusion and purchases (i.e. garments for physical therapy), transfer to another treatment facility are in addition to the deposit amount in this letter provided by the Memorial Sloan Kettering's International Center. The patient and family should be financially prepared to arrange payment for ancillary services outside MSK.**

Second Opinion does not obligate you to obtain treatment or services at MSKCC; nor does it obligate MSKCC to provide care or services.

Memorial Sloan-Kettering Cancer Center requires payment in full; in advance – prior to obtaining any treatment or services. **Therefore, payment of $225,000 is required in advance prior to obtaining the treatment noted above.**

Memorial Sloan-Kettering does not bill foreign insurance companies; does not accept letters of guarantee and does not provide discounts.
We can not accept any personal checks as payment towards treatment.

<u>Patients are responsible for all costs related to their treatment at Memorial</u>.

The MSK International Center alerts the Department of Homeland Security, Bureau of Citizenship and Immigration Services *when patients attempt to become a "public charge" under section 212 (a) (4) of the Immigration and Nationality Act.*

In the event that there your actual charges do exceed the deposit, you will be responsible for the difference. If actual charges fall below the amount paid, a refund will be initiated.

Should you proceed with treatment at our hospital – MSKCC will provide you with Hospital and Physician Statements that itemize the medical care and services provided. These statements are mailed out on a regular basis.

The New York State Healthcare Reform Act requires that patients pay a surcharge on any hospital charges that are not covered by insurance that is being billed directly by Memorial Hospital. You will see this noted as "New York State Surcharge" on your Hospital (blue and white) statements. The estimate of charges provided herein attempts to reflect the impact of this surcharge, but is subject to the guidelines described above with regard to actual and estimated charges.

PA ____
Hospital

Memorial Sloan-Kettering Cancer Center

Credit Card Payment Authorization

Telephone: 212.639.4900 **Fax: 212.639.4938**

By signing below, I hereby authorize the Memorial Sloan-Kettering Cancer Center to charge my Credit Card for any physician visits, procedures, and tests, treatment modalities and/or services that may be provided at Memorial Sloan-Kettering Cancer Center.

For your protection, Credit Card Information (your Account Number/Signature) is not kept on file at the International Center. Therefore, we will request your signatory approval for each charge to your credit card.

Indicate type of credit card to be charged (We do not accept Debit Cards)

☐ American Express ☐ Mastercard ☐ Visa ☐ Diners Club ☐ Discover

Credit Card Number: ____ Expiration Date: ____/____/____
CVN Number: ____

Name (as it appears on the credit card): ______________________________ Today's Date: ____/____/____

Signature of authorized cardholder: ____

Patient Name: Charles Mark Shirran Medical Record Number: 35556627

Comment: For Hospital Related Services noted on Deposit Letter of April 13, 2017.

Amount: $190,000

Cardholder's Business address: (The Address where the credit card statements are mailed)

Street: ____

City: ____ Country: __________________________________

Postcode: ____

Credit Card Authorizations with your signature may be faxed to the Memorial Sloan-Kettering International Center at 212.639-4938

<u>FOR YOUR OWN PROTECTION – DO NOT EMAIL CREDIT CARD INFORMATION</u>

PBD ____
Physician

Memorial Sloan-Kettering Cancer Center

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Credit Card Number: ____ Expiration Date: ____/____/____
CVN Number: ____

Name (as it appears on the credit card): ______________________________ Today's Date: ____/____/____

Signature of authorized cardholder: ____

Patient Name: Charles Mark Shirran Medical Record Number: 35556627

Comment: For Physician Related Services noted on Deposit Letter of April 13, 2017.

Amount: $ 35,000

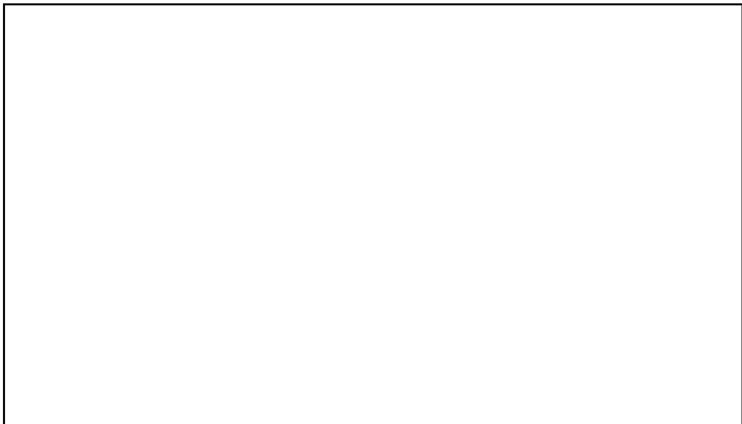
Cardholder's Business address: (The Address where the credit card statements are mailed)

Street: ____

City: ____ Country: _________________________________

Postcode: ____

Credit Card Authorizations with your signature may be faxed to the Memorial Sloan-Kettering International Center at 212.639-4938



<u>FOR YOUR OWN PROTECTION – DO NOT EMAIL CREDIT CARD INFORMATION</u>

Memorial Sloan-Kettering Cancer Center

Bank Wire Transfer Payment Instructions

Telephone: 212.639.4900 **Fax: 212.639.4938**

- **Bank Wire Transfers should be directed as follows:**

Bank: ***JP Morgan Chase***
***270* Park Avenue**
New York, New York 10017
ABA# 021000021

Account: ***Memorial Sloan-Kettering Cancer Center***
Acct. # 134687132
(Swift Code: CHASUS33)

Official "Confirmation" (from Chase) of Wire Transfer must be received at least 72 hours prior to scheduled services at Memorial.

- **Please request that your bank include the following information on the Transfer:**
  - **Patient's Full Name:**
  - **And Patient's Medical Record Number (if available):**

- **Please notify the MSK International Center staff by Fax when the funds have been wired. Let us know the Name of the Sending Bank, their address, the Account Number as well as the Reference Number.**

- **Take note, any Administrative Processing Fees charged to MSK by your Bank will be debited to your account.**

- **Please note that should an account refund be processed at a later date, this refund will be initiated via wire to the originating bank account** (from which we received the initial wire transfer).