

Great Ormond Street Hospital for Children

International and Private Patients Service

The Harris International Patient Centre
The Octav Botnar Wing
Great Ormond Street
London WC1N 3JH

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28th May 2013

Dear Mr and Mrs Pirvu

Re: Master Daniel – (DiGeogre Syndrome)

The above patient has been referred to Dr Graham Davies at Great Ormond Street Hospital. The admission date has not as yet been confirmed, but as soon as we have confirmation of secure funding we will start the booking process. It is estimated that the child will need to be in the UK for approximately 4 months and should then be followed up by the consultant in Romania - this period may need to be extended depending upon the patient's recovery.

The estimated cost of the Thymus transplant and associated service is attached. The required deposit of **£304,200.00 GBP** must be credited to our bank account at Great Ormond Street prior to admission. This estimate is not a fixed or package price and the original estimate may change. During the admission we will inform you should the balance become a concern. Itemised invoices are produced for every episode of care and sent to the address provided. An up to date medical report will be attached to all high value invoices and a treatment plan can be made available upon request.

The deposit is required upon confirmation of acceptance and admission date, although as stated above no admission will occur or treatment commence until we have cleared funds in our bank account.

After discharge and any follow-up appointments, any remaining funds on account will be refunded to the source they were deposited from. No refunds will be made until the episode of care is completed.

Please do not hesitate to contact me if I can be of further assistance with anything regarding the finance for this admission. I have attached the bank details for your convenience

Kind regards



Mrs Lorraine Clark
Service Manager / IPP Finance
Lorraine.clark@gosh.nhs.uk
+44 (0) 20 7829 8612 (Direct)

- Bank Details
- Estimate

In partnership with
the UCL Institute of Child Health
Patron: Her Majesty The Queen
Chairman: Baroness Blackstone

HARRIS INTERNATIONAL PATIENT CENTRE
GREAT ORMOND STREET HOSPITAL
FOR CHILDREN NHS TRUST
GREAT ORMOND STREET
LONDON WC1N 3JH

Att
Lorraine Clark - SERVICE MANAGER
3/6/13

The child first and always

| ESTIMATE OF PLANNED COSTS | | | |
|---|-----------|--------------------------|-----------------------|
| Patients Name : Daniel Pirvu | | Type/Finance: | Medical-High |
| Lead Consultant : Dr Davies | | PX number: | |
| Estimate Number: | | Admission Date: | |
| | | Amount in GBP (£) | Notes |
| Ward Costs (per night):- | | | |
| Quantity | | | |
| Intensive Care (CICU, NICU, PICU) | | £0 | Includes Intensivists |
| High Dependency (level 2) | 40 | £92,000 | |
| High Dependency (level 1) | | £0 | |
| Standard Beds | | £0 | |
| Day Case | | £0 | |
| | 40 | £92,000 | |
| Professional Fees:- | | | |
| Immunologist's daily fee and consultations | | £4,500 | |
| Consultant's surgical and consultation fees | | £2,000 | |
| Anaesthetist | | £1,000 | |
| | | £7,500 | |
| Procedure:- | | | |
| Complexity | | | |
| Surgery | Complex 1 | £3,500 | |
| | | £3,500 | |
| Support Services including:- | | | |
| Bacteriology, Blood products, Blood transfusion, Chemical pathology, Dietetics, ECG, Haematology, Immunology, Microbiology, Pharmacy, Physiotherapy, Pulmonary function tests, Radiology, Respiratory laboratory, Speech and language therapy (x3) and Virology. | | £184,000 | |
| MRI, High cost drugs and devices are excluded. | | | |
| Tissue Typing | | £1,000 | |
| Sleep Study | | £1,500 | |
| Audiology | | £800 | |
| TPN | | £12,840 | |
| Echo/ Cardiac Tests | | £1,000 | |
| | | £201,140 | |
| Deposit required (rounded upto the nearest £100) | | £304,200 | |
| <p><small>This is an estimate of the final cost. The deposit amount must be paid in full before the admission date. If the deposit is unavailable at the point of admission the booking will be cancelled, with no reimbursement of expenses. The services above are a guide to the possible requirements, any additional services required will incur further charges. The amounts above (excluding the deposit) are not fixed. Any balance unused will be returned after clinical discharge by the original method of payment. If an Intensive Care bed is required this will be charged at £5,000 per night, High dependency bed is charged at between £1,600 and £2,300 per night and Standard bed is charged at approx £1,100 per night. Please call Lorraine Clark on +44 020 7829 8612 to discuss if required or e mail Lorraine.clark@gosh.nhs.uk. It may be necessary for us to contact you during the stay regarding this account. The account must be kept in credit at all times to ensure that treatment remains uninterrupted.</small></p> | | | |
| Estimate provided by: | | Date: | |
| Lorraine Clark | | 28 May 2013 | |
| Service Manager / IPP Finance | | | |

HARRIS INTERNATIONAL PATIENT CENTRE
GREAT ORMOND STREET HOSPITAL
FOR CHILDREN NHS TRUST
GREAT ORMOND STREET
LONDON WC1N 3JH

M. Clarke Service Manager
28/5/13

Great Ormond Street Hospital for Children NHS Foundation Trust

Payment Terms

The Trust reserves the right to charge interest on all accounts, which are overdue for payment. Note that terms and conditions of settlement are strictly in accordance with National Health Service Management Executive guidelines.

PAYMENT CAN BE MADE BY THE FOLLOWING METHODS

■ **BACS (UK Only)** **Account Name:** **GBS RE GOSH NHS TRUST**
Account Number **12220008**
Sort code: **08-33-00**

Reference: Please quote patient hospital number (PX number) or invoice number

■ **Bank Transfer from Overseas (Sterling & Foreign Currency)**

BIC (SWIFT CODE) **CITIGB2L**
IBAN Number: **GB44CITI08330012220008**
Account Number **12220008**
Account Name: **GBS RE GOSH NHS TRUST**
Branch Name: **CITIBANK NA LONDON**
Name of Bank: **Citibank**
Bank Address: **Government Banking Service**
c/o Citi
CitiGroup Centre
Canada Square
Canary Wharf
London
E14 5LB

Reference: Please quote patient hospital number (PX number) or invoice number

■ **Cheques (Sterling only)** Please make payable to Great Ormond Street Hospital for Children NHS Foundation Trust. Please write invoice number on the reverse of the cheque, and send along with tear-off remittance slip below to:
Great Ormond Street Hospital for Children NHS Foundation Trust
York House Level 3, Great Ormond Street, London, WC1N 3JH

■ **Cash (Sterling only)** Payment can be made in person at the IPP reception desk or the Cashier's office at the Trust premises. **Please do not send cash by post.**

■ **Credit Card/Debit Card** Please complete the slip below and send to:
Great Ormond Street Hospital for Children NHS Foundation Trust
York House Level 3, Great Ormond Street, London, WC1N 3JH
Card payments can also be done via telephoning the hospital on 020-7762-6823

■ **Remittance details** Please send all remittances to:
Great Ormond Street Hospital for Children NHS Foundation Trust
York House Level 3, Great Ormond Street, London, WC1N 3JH
or Fax to: **020-7829-8681**
or e-mail to: **receipts@gosh.nhs.uk**

I wish to settle invoice number:

Please debit by Visa MasterCard Maestro Delta Solo

Card Number - - -

Please enclose a S.A.E if you require a receipt

Expiry Date / Last 3 digits of security number (found on back of card)

Cardholders Name (as it appears on card) _____

Cardholders Address _____

Post Code _____ Contact Telephone Number _____