

Estimate of Cost

**Your request regarding the medical treatment with proton therapy
at the West German Proton Therapy Centre Essen
Westdeutsches Protonentherapiezentrum Essen (WPE)**

West German Proton Therapy
Centre Essen



Director:
Prof. Dr. med. Beate Timmerman

To whom it may concern

We would like to inform you about the payment terms for proton therapy treatment at our centre. Please read the letter carefully, as it contains important information.

We have calculated the following remuneration for the proton treatment on the basis of the current data at hand.

For **Afonin, Alexey *06.12.2015**

The treatment at the UK Essen/WPE is performed in an outpatient setting. Accommodation, transport, translation services, care and food/catering are therefore not included in the services of the UK Essen/WPE.

Treatment: Proton Therapy incl. Pre-examination

Estimated cost

• Proton Therapy	55.000,00€
• Anaesthesia	9.000,00€
• Deposit for Children's Clinic (for all under 18year old)	5.000,00€
• Deposit	15.000,00€
<u>Total amount:</u>	<u>84.000,00€</u>

Your Contact at WPE:

Case-Management

Tel. +49 (0) 201 723 - 6600

Fax +49 (0) 201 723 - 5254

Email: wpe-cm@uk-essen.de

www.uk-essen.de/wpe

Universitätsklinikum Essen
Hufelandstrasse 55
45147 Essen
Germany

info@uk-essen.de
www.uk-essen.de



Please be aware that this is only a cost estimation and the fee may be higher, should unforeseen medical attention be needed.

The duration of the outpatient treatment takes approximately a period of 6-8 weeks plus 2 days for pre-examination and irradiation preparations, 2-3 weeks prior to the treatment.

The calculated fee includes the treatment costs for proton therapy, as well as the needed cost of materials for proton therapy, only.

Fees for possibly needed special diagnostic performances, other treatments provided by the University Hospital Essen (e.g. Chemotherapy, in-patient stay) or other hospitals are not included in the above mentioned amount.

Requirements / Information:

- The above mentioned fee of **84.000,00€** has to be transferred to our bank account in total, before your visit to the WPE can be scheduled.
- Any incurred transfer fees have to be met by the payer.
- The remaining deposit can only be transferred back to the bank account it was sent from, so please make sure that the transaction is preferably made from one bank account, only.
- If the money is deposited from more than one bank account, the balance will be refunded to those accounts on a percentage basis in regards to the deposited sum from the single account / remaining deposit.
- For security reasons, you will have to confirm the bank account details, of which the transfer will be made from, on the at page 4 attached "Reimbursement of treatment deposit - WPE"-form (one form for each bank account the deposit will be transferred from), which you will need to fill in completely and send it to the address below, before sending the money to the WPE. Please note that we need the signature of the account owner on the form.
- The above mentioned amount is pre-estimated. You will receive a final invoice, approximately eight weeks after the last treatment date. The amount is likely to deviate from the prepaid sum, as the treatment can vary due to unforeseeable events, especially intensive care, needed in-patient stay or additional charges. A subsequent additional payment can become necessary. As a matter of course, we would reimburse the

remaining deposit to you, if the actual amount of the treatment is less than the pre-paid amount.

- Please also be aware, that the reimbursement of the remaining deposit can take up to 3 months after the last treatment session.

Bank: Sparkasse Essen
Account holder: WPE gGmbH
Sort code: 36050105
Account Number: 235028
Reference: *Afonin, Alexey *06.12.2015- WPE Treatment*

IBAN: DE05360501050000235028
SWIFT/BIC: SPESDE33XXX
VAT: DE 119 656 585

If you accept this offer, please inform us by sending a short email to wpe@uk-essen.de or by phoning us on +49 201 723 6600. (Case Management)

If additional service/ treatment is needed from the University Hospital Essen, you may receive a separate estimate of cost for this from the foreign-patient-service.
For billing purposes, we may integrate both estimates into one bill.

Should there be any questions left, please do not hesitate to contact us.

Kind regards
Yours sincerely

Kai Züger
Prokurist / authorised signatory

Reimbursement of treatment deposit - WPE

Please fill in ALL fields below, write legibly in CAPITAL LETTERS, sign and send it back via Fax: 0049 201 723 5067

* Patient: _____ * Date of birth: _____

or via e-mail: wpe_buchhaltung@uk-essen.de

or by post: WPE gGmbH
Finanzbuchhaltung
Hufelandstraße 55
45147 Essen
Germany

* Payer / Holder of the account: (surname, forename)	
* Address of payer: (street, street/house number, town and postcode, country)	
* Transferred sum in €	
* BIC/SWIFT:	
* IBAN: (account number, if no IBAN available)	
* Bank name:	
* Bank address: (street, street/house number, town and postcode, country)	

* information required.

With my signature I confirm the correctness of the statements made above. I am aware, that any incurred transfer fees have to be fully absorbed by the payer.

I am also aware that the remaining deposit will be refunded to this account on a percentage basis in regards to the deposited sum from the single account / remaining deposit.

* Place, date of issue

* signature + stamp of account holder

* My relationship to the patient

* Name in block letters of account holder