

# مستشفى فقيه الجامعي

## Fakeeh University Hospital

By Fakeeh Health


Dubai Silicon Oasis, Dubai, UAE


Department of Gene Therapies & Rare Diseases

Отдел генетических терапий и редких болезней | Gen Terapileri ve Nadir Hastalıklar Departmanı



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PROFORMA INVOICE

Проформа-счет | Proforma Fatura

مستشفى فقيه الجامعي  
Fakeeh University Hospital  
By Fakeeh Health

Reference No.:	SMA-FUHDXB-KEREMTOMASOGLU-090625250725-Q1
Date :	25 July 25
Patient Name :	KEREM TOMASOGLU
Date of Birth :	09.06.25
Name of Parent / Guardian	ISMAIL & BEYZA
Diagnosis	Spinal Muscular Atrophy / Spinal Müsküler Atrofi
Primary Physician	Dr. Arif Khan (British Board-certified Consultant Ped. Neurologist)
Department	Pediatric Neurology & Multi-disciplinary Team
Hospital Contact	FUH.genetherapy@fakeeh.care   + 971 56 422 7180

Estimated Cost / Tahmini Paket Maliyeti (Paket Fiyatı) / Оценить стоимость	
ZOLGENSMA* Infusion Service	AED 6,668,390 Dirhams (REFERENCE PRICE US\$ 1.817.000 Million approximately)

OPD Consultations	Quantity
Ped. Neurologist	Minimum 5 - Maximum 12
Ped. Pulmonologist	1 (2 for Patients with Tracheostomy)
Ped. Cardiologist	Maximum - 1
Ped. Orthopedician	Maximum - 1
Ped. Gastroenterologist	1 (3 for Patients with Tracheostomy)
Spine Surgeon (Only if advised by Doctor )	Maximum - 1
Orthotics Consultation (Only if advised by Doctor)	Maximum - 1
Dietician / Ped. ENT / Ped. Endocrine (Only if advised by Doctor).	Maximum -1
Speech & Swallow Specialist Consultation	Maximum - 1
Emergency Room visit (Gen. Paediatrician) Consultation	Maximum - 3
Sleep Study with 1 night In-Patient stay	Maximum -1
Physio-rehabilitation Services	
Physiotherapy for Gene Therapy patients (30-45 Mins per session)	Maximum 24 Sessions
Chest Physiotherapy (only Patients with Tracheostomy)	Maximum - 1
Hospital Admissions	
Paediatric Intensive Care Unit (For Gene Therapy Infusion)	Maximum 1 night stay
Medications & Blood Investigations for Gene Therapy	
ZOLGENSMA as prescribed by Doctor	Maximum 1 Order
Prednisolone as prescribed by Doctor	As Prescribed by Doctor.
Nexium as prescribed by Doctor	As Prescribed by Doctor.
Blood Investigations related to Gene Therapy	2 before Gene Therapy + 8 after Gene Therapy
Dentist Consultation (Only if advised by Doctor)	Maximum - 1

Patient / Family Wellness Benefits (**Terms & Conditions Applicable. No Cash refunds if benefits are unutilized)	1. Complimentary One Bedroom Serviced Apartment for family of 2 Adults + 1 Children for upto maximum of 88 Days. <b>*Terms &amp; Conditions apply. ** No Cash Refunds for early check outs.</b>
	2. Complimentary Grocery Vouchers valued upto AED 10,000 (given in 2 Instalments. First given 15 days after Arrival. Second delivered after Infusion. <b>*Terms &amp; Conditions apply. No cash refunds. Optional Cash Discount against benefit can be availed.</b>
	3. Complimentary Language Translator Services.
	4. Complimentary Airport Shuttle Pick up & Drop.
	5. Complimentary Hotel to Hospital Pick up & Drop.
	6. Complimentary Use of Shuttle Vehicle to nearest Mall/Shopping Centre (As available/Limited Service).
	7. Complimentary Use of Shuttle Vehicle to nearest Mall/Shopping Centre (As available/Limited Service).
	8. 20% Discount on Medical Services for Patient Attenders. <b>*Terms &amp; Conditions apply</b>



**Bank Details / US DOLLAR IBAN ACCOUNT**

HOSPITAL BANK ACCOUNT NUMBER / IBAN DETAILS	
ACCOUNT NAME:	DR SOLAIMAN FAKEEH ACADEMIC CENTRE FZCO
CURRENCY	USD \$
IBAN	AE17033 0000019000088249 (AE170330000019000088249)
NAME OF THE BANK	MASHREQ BANK
SWIFT CODE	BOMLAHADXXX
BRANCH ADDRESS	DUBAI INTERNET CITY BRANCH (DIC)
CITY	DUBAI, UAE
PURPOSE CODE	TTS

**\*\* Fakeeh University Hospital is a trade name under license "Dr Solaiman Fakeeh Academic Centre FZCO"**

<b>Terms &amp; Conditions</b>	a. It is obligatory for families to complete the treatment process as recommended by the doctor. Blood tests after infusion are mandatory. The minimum stay is 75 days.
	b. The estimated cost estimate and availability of the drug may vary.
	c. The Hospital Management has the right to modify/cancel any of the above-mentioned benefits.
	d. If in a situation where the hospital must initiate a refund, for example, when the patient becomes clinically unfit OR ineligible due to any unforeseen/unavoidable circumstance, the same will be initiated only after it has been duly approved by the competent authority of the hospital in accordance with applicable hospital policy. Recalculation shall be made considering all medical services and patient benefit rendered, and remaining fund shall be refunded to origin / source IBAN number. FUH recommends to all patients to sign a Medical Services Agreement between hospital & patient.
<b>Payment Terms</b>	100% advance. Credit facility not available.

Note: The cost estimate is coeval to medical reports and information presented to our doctor(s) at the time of drafting this cost estimate. This cost estimate does not guarantee intended treatment and is solely issued to communicate an estimated cost of treatment.

Disclaimer: Estimated cost estimate and availability of the drug are subject to change without notice. All services are subject to drug availability and the availability of personnel to perform the services. FUH reserves the right to make adjustments to pricing, products and service offerings for reasons including, but not limited to, changing market conditions. While we make every effort to provide you the most accurate, up-to-date information and in the event of a change in estimate price quoted or unavailability of personnel, we attempt to notify by email or phone and be given the option to accept the corrected price or cancel the services.

**Contact Details:**

Gene Therapies Division  
Fakeeh University Hospital

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