

<b>Budget Id:</b>	<b>25PS03380</b>		
<b>Emission date:</b>	<b>22-09-2025</b>		
<b>Name and surnames:</b>	MATEI , MEDEEA-ELENA	<b>NHC:</b>	2049828
<b>Treatment:</b>	00493697 Congenital Multiple Arthrogryposis Associated With Pterigium Popliteus   Diagnostic assessment + Surgery + Follow-up	<b>Service:</b>	ORTHOPEDIC SURGERY AND TRAUMATOLOGY

Concept	TOTAL
ASSESSMENT AND DIAGNOSTIC CONFIRMATION	
Physicians appointments	1.890,00€
Diagnostic imaging tests	7.054,00€
Genetic testing	1.093,00€
Preoperative testing	212,00€
Laboratory testing	500,00€
TRAUMA SURGERY	
Physicians fees (surgeon, assistant, anesthetist)	6.125,00€
Operating room	7.904,00€
Blood, bloodproducts, transfusion set	486,00€
Prosthesis	26.693,40€
Stay in the icu	2.956,00€
Stay on the ward	4.464,00€
CONTROL	
Physicians appointments	1.029,00€
Rehabilitation sessions	2.360,00€
EXTENSION OF TREATMENT	
* Deposit for possible additional treatment. if not applicable, it will be applied to the treatment.	6.500,00€
<b>TOTAL</b>	<b>69.266,40€</b>
<b>TOTAL BUDGET</b>	<b>69.266,40€</b>

**Asociația “Salvează o inimă”**

The cost of the prosthesis is estimated and may vary depending on the patient assessment, surgical complexity and specific requirements.

This budget includes 20 rehabilitation sessions.



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\*\*\*Please note that this quote is an estimate and is subject to change depending on variations in the patient's clinical condition.

The assistance under the concept of "forfait/pass" corresponds to fixed packages of health services, previously defined, which include all the standard assistance for the indicated treatment.

They are billed as a single item. It is not possible to break down the costs individually.

Services courtesy of the Hospital at no additional cost to the patient:

- Transfers to/from "El Prat" airport.\*
- Assistance on accommodation management during the stay in Barcelona.
- Meals for patient and companion in case of hospital admission.
- English translation of discharge reports.
- Personalized support by Patient Managers. (Speaking languages: English, Arabic, French, Chinese and Russian)
- Translation/interpretation service.

\* The transfer service only includes the transfer from the airport at the beginning of the treatment and the transfer back to the airport at the end of the treatment. No other additional transfers are included in this service.

Concepts excluded in the budget:

- Additional stays.
- Ambulance service.
- Following medication: nitric oxid, cytostatics, retroviral treatment, antibiotics of restricted hospital use, fibrinolitics, complex anticoagulants, surfactants, ADCON-L, growth hormone, immunosuppressive treatment.
- Material for hemodialysis if necessary.
- Enteral and parenteral nutrition.

Payment Conditions : 100% Payment in advance by bank transfer.

Bank details:

Beneficiary: HOSPITAL SANT JOAN DE DÉU  
Swift: CAIXES BBXXX  
IBAN: ES10 2100 0148 5002 0022 2312

This budget is valid for six (6) months from the date of issue. After this period, the medical proposal must be re-evaluated and the quotation may be subject to change based on the clinical needs of the patient.

This budget is subject to annual rate reviews; therefore, the rate in effect at the time of service will apply.