

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

(**Elevidys is currently applicable for AMBULATORY patients only).

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By Fakeeh Health

Reference No.:	DMD-FUHDXB-DANIILDUK-260719010825-Q1
Date :	1-Aug-25
Patient Name :	DANIIL DUK DMITRIEVICH
Date of Birth :	26.07.19
Name of Parent / Guardian	DMITRI
Referral Contact if any:	Direct
Diagnosis	Duchenne Muscular Dystrophy (DMD)
Primary Physician	Dr. Arif Khan (British Board-certified Consultant Ped. Neurologist)
Department	Pediatric Neurology & Multi-disciplinary Team
Contact Email	FUH.genetherapy@fakeeh.care / +971564227180

Estimated Cost / Tahmini Paket Maliyeti / Ориентировочная стоимость

ELEVIDYS* Infusion Service

AED 10, 643, 000 Dirhams

(REFERENCE PRICE US\$ 2.900.000 Million approximately)

OPD Consultations	Quantity
Ped. Neurologist	Minimum 5 - Maximum 12
Ped. Pulmonologist	Maximum - 1
Ped. Cardiologist	Maximum - 1
Ped. Orthopedician	Maximum - 1
Ped. Gastroenterologist	Maximum - 1
Spine Surgeon (As advised by Doctor)	Maximum - 1
Orthotics Consultation (As advised by Doctor)	Maximum - 1
Dietician, Ped ENT / Ped. Endocrine (As advised by Doctor)	Maximum - 1
Speech & Swallow Specialist Consultation (As advised by Doctor)	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
Hospital Admissions	
Paediatric Intensive Care Unit (For Gene Therapy Infusion)	Maximum 1 night stay
Medications & Blood Investigations for Gene Therapy	
Elevidys gene therapy 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

Patient / Family Wellness Benefits (**Terms & Conditions Applicable. No Cash refunds if benefits are unutilized)	1. Complimentary One Bedroom Apartment for family of 2 Adults + 2 Children for upto maximum of 88 Days. Stay only. *Terms & Conditions apply. ** No Cash Refunds for early check outs.
	2. Complimentary Grocery Vouchers valued upto AED 10,000 (given in 2 Instalments. First given 15 days after Arrival. Second delivered after Infusion. *Terms & Conditions apply. No cash refunds.
	3. Complimentary Hospital Café Vouchers for up to AED 1000. *Terms & Conditions apply. No cash refunds.
	4. Complimentary Language Translator Services.
	5. Complimentary Airport Shuttle Pick up & Drop.
	6. Complimentary Hotel to Hospital Pick up & Drop.
	8. 20% Discount on Medical Services for Patient Attenders. *Terms & Conditions apply
** IMPORTANT NOTE:	Elevidys is currently administered for patients who are AMBULATORY. Non-ambulatory patients (Patients in a Wheelchair/Unable to walk for 10 meters in under 30 seconds are deemed NON-AMBULATORY) Elevidys is not administered/applicable under current eligibility criteria.

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

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Terms & Conditions	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.
Payment Terms	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:

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