

Budget Id:	26PS00697		
Emission date:	17-02-2026		
Name and surnames:	ATAIANTS , VLADIMIR	NHC:	2053441
Treatment:	00509467 Neuroblastoma Diagnostic Assessment + Chemo-immunotherapy Naxitamab (7 Cycles) + Radiotherapy	Service:	ONCOLOGY

Concept	TOTAL
ASSESSMENT AND DIAGNOSTIC CONFIRMATION	
Laboratory testing	7.616,00€
Diagnostic imaging tests	6.586,00€
Complementary tests	97,00€
Punctures	546,00€
Physicians appointments	1.479,00€
Port-a-cath placement	2.629,00€
Anatomic pathology tests	747,00€
NEUROBLASTOMA TREATMENT	
Forfait chemo-immunotherapy treatment	238.294,00€
Medication - Naxitamab	277.886,00€
RADIOTHERAPY SESSIONS	
Radiotherapy Sessions	19.046,80€
EXTENSION OF TREATMENT	
* Deposit for possible additional treatment. if not applicable, it will be returned at the end of the treatment.	50.000,00€
TOTAL	604.926,80€
TOTAL BUDGET	604.926,80€

This budget does not include surgery

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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, fibrinolytics, 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.

Rates are updated annually in March. All medical services provided from that date onward will be billed according to the rates in effect at the time of service.