

Date March 19, 2018

Dear Shizuku Okazaki,

Re: Shizuku Okazaki

On behalf of Global Services, thank you for inquiring about receiving care at NewYork-Presbyterian Hospital. We would like to take this opportunity to provide you with an estimate of charges for the projected care and treatment recommended by your physician. This estimate includes hospital, physician, and any other laboratory tests, operating rooms, medications, radiology, and other diagnostic procedures expected at this time. Please note the New York State Surcharge line item, which is a 9.63% tax on your total hospital bill and is required by law.

Hospital policy requires that we collect the entire amount of \$1,077,429.50 requested on this estimate prior to services being rendered. Payments can be made by wire transfer, credit card, cash, or check (See Payment Instruction page). After your care at the hospital and associated medical providers is complete and your charges have been finalized, within approximately 60 business days a Summary of Charges will be sent to you. The total bill may vary from the Estimate of Charges depending upon the entirety of care received and related charges. If actual charges exceed the estimate, payment for the balance is expected within two weeks of receipt. If the estimate exceeds the actual charges, any overpayment will be refunded to you in approximately 90 business days unless we advise you otherwise.

Please submit payment as follows:

1. One payment to 'NewYork-Presbyterian Hospital' for \$492,809.50
2. One payment to 'The Trustees of Columbia University' for \$584,620.00

Global Services is open Monday through Friday from 9:00 a.m. to 5:00 p.m. (Eastern Time). You can contact us by telephone, fax, or e-mail (see top right for contact information).

Again, thank you for selecting NewYork-Presbyterian for your medical care needs. Should you have any questions or comments, please don't hesitate to contact us.

Sincerely,
Dolores Pitts
Financial Operations Coordinat
dob9009@nyp.org

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Current Estimate of Charges

Patient Name: Shizuku Okazaki
Patient Acct #: 8044978
Procedure: Heart Transplant Additional Services

Invoice #: CU 5840
Effective Dates: 03/19/2018 - 12/31/2018

<u>Professional Fees</u>	<u>Total Charge</u>	<u>SubTotal</u>	<u>Total</u>
Current Physician Charges	284,620.00	284,620.00	284,620.00
Estimated Physician Charges	300,000.00	300,000.00	300,000.00
Professional Sub Total	584,620.00	584,620.00	584,620.00
			Payments 0.00
			Balance 584,620.00

<u>Hospital Fees</u>	<u>Total Charge</u>	<u>SubTotal</u>	<u>Total</u>
Semi Private	44,625.00	44,625.00	44,625.00
ICU	510,300.00	510,300.00	510,300.00
CARDIAC CATH LAB 150 MINUTES	19,925.00	19,925.00	19,925.00
OPERATING ROOM 12 HRS	49,610.00	49,610.00	49,610.00
OPERATING ROOM 1/2 HR	5,335.00	5,335.00	5,335.00
ECMO	115,560.00	115,560.00	115,560.00
IKUS BERLIN Initial set-up	6,600.00	6,600.00	6,600.00
IKUS BERLIN daily rental	22,000.00	22,000.00	22,000.00
Ancillary Charges NYP	409,909.50	409,909.50	409,909.50
ICU	567,000.00	567,000.00	567,000.00
Ancillary Charges NYP	363,825.00	363,825.00	363,825.00
ECMO	231,120.00	231,120.00	231,120.00
IKUS BERLIN daily rental	22,000.00	22,000.00	22,000.00
Hospital Sub Total	2,367,809.50	2,367,809.50	2,367,809.50
			Payments -1,875,000.00
			Balance 492,809.50

<u>Total Charges</u>	<u>Total Charge</u>	<u>SubTotal</u>	<u>Total</u>
Total Charges	2,952,429.50	2,952,429.50	2,952,429.50
			Payments -1,875,000.00
			Total Balance 1,077,429.50

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Payment Instructions

Our secure Payment Portal at <https://qpx.globalpay.wu.com/newyorkpresbyterianhospital> offers competitive currency rate exchanges in your local currency, helps avoid international transaction processing fees and other limitations, and tracks the status of your payment processing. Please feel free to call our Financial Representatives at the number listed on the cover letter or at the Global Service Patient Service Center to personally assist you through the process or finalize your transaction with your permission.

- For **Wire Transfers**, please print out the payee instructions to remit payment through your personal bank either online or at a local branch.
- For **MasterCard, VISA, and AMEX** once your online transaction is complete, you will receive a receipt by email, which can be used clear your account for service or close it for any remaining balances.

Important Security Notice:

For your security, please do **not** email, text, or fax us your credit card information. We can support you by phone during business hours and the payment portal is always available and safe for your use.

Payment by Check:

Please note that all checks must be a US certified bank check or traveler's check, and should be made payable to 'NewYork-Presbyterian Hospital' to the address noted on the letterhead. Please note your Account Medical Record Number in the Check Memo.

Thank you for your assistance and payment.

Notice of Financial Practices

Our Financial Services team helps international patients with their payment arrangements for care at NewYork-Presbyterian Hospital. Our multi-lingual Financial Representatives work with patients or coordinate with a third party, such as international insurance carriers or foreign government sponsors, to facilitate a seamless billing and payment process. Open communication will be maintained throughout the process and our team is readily accessible to answer any questions.

Below are the Payment Types accepted by Global Services at NewYork-Presbyterian Hospital:

Embassy and Other Government Agency Sponsorship

We work with embassies or other government agencies to obtain a patient's Letter of Guarantee to authorize payment for healthcare services. These entities make the final decisions on approved services to be covered, including patients' out-of-pocket expenses either during or after an approved length of treatment. Except for emergency medical care sought at the Hospital, a letter of authorization from the embassy or other government agency will be required before treatment can be provided and any official terminations of coverage will revert to Self Pay as noted below.

Insurance

If you have medical insurance that covers international care, please share your benefit card as we will need the insurance company name, contact information, and policy number to initiate the financial clearance process. NewYork-Presbyterian has contracts with several international insurance companies. We will contact the patient's insurance company to verify the plan coverage and help determine potential out-of-pocket expenses. It is important that patients understand the type, amount, and duration of services covered by their health insurance because certain physicians may or may not participate with the same health plans as the hospital. The insurance company determines which and how services will be covered, including any patient responsibility known either before care begins or determined after their review of all claims as noted below. We may need to wait for approval from your carrier to determine medical necessity. If you wish services to proceed without in-network coverage benefits or authorization we will request payment as per Self Pay noted below.

Self-Pay

We work with patients and their representatives to provide an estimate of charges, collect deposits before any hospital care, physician services, or other medical providers, and resolve questions about outstanding charges. Self-paying patients receive a cost estimate based on the level of expected hospital and other medical provider services as determined by your provider and our history of similar cases. Full payment is required upon receipt of an accepted Estimate or no later than 24 hours prior to appointments or procedures, including any pre-admission consultations or post-operative services, to ensure financial clearance. Please be aware that your final bill may vary from the estimate based on unforeseen changes during the course of your medical treatment due to any additional medical needs you may have. This is especially important if you are being seen initially for a consultation or have complications that extend your care beyond the initial projection. Your bill will be sent out in approximately 60 business days, or longer only as needed, after your care is completed so that all charges for the hospital and other service providers are included as well as any balances determined by third-party payers. Refunds will be issued in approximately 90 business days, or longer only as needed, in the manner original payment was received or by check, once all charges have been posted and the account is fully closed for all services. Unpaid accounts are referred within 90 business days to our outside billing service agencies authorized to collect on the hospital's and physician's behalf. We appreciate your patience and cooperation.

Notice of Financial Practices (continued)

The following are acceptable forms of payment for Self Pay charges:

- Wire transfers, VISA, MasterCard, & AMEX (through our Secure Payment Portal)
- Traveler's checks, Certified checks drawn on U.S. bank, or Money orders
- Cash (U.S. dollars - accepted only by appointment on-campus with security escort to Cashier)

In order to provide you with any Refunds, Medical Records, or Invoices for payment or reimbursement, please provide your complete contact information so we may best serve you.

Please sign below acknowledging your receipt of this Notice before the start of services.

Thank you for your cooperation.

Patient Name: _____ **Date of Birth:** ____/____/____

Primary (Non-US) Address: _____

Home Country: _____

Email: _____ **@** _____ **Phone:** _____

Authorized Representative Name: _____

Email: _____ **@** _____ **Phone:** _____

Patient/Rep. Signature: X _____ **Date:** ____/____/____