

PROFORMA INVOICE
(Estimate Cost)

International Patient Services & Gene Therapies Department, Dubai

Reference No.:	DMD-FUHDXB-mehmettefenlili-222328525-Q1
Date :	29 May 2025
Patient Name :	Mehmet Tefenlili
Date of Birth :	02 Feb 2023
Name of Parent / Guardian	DuDü Tefenlili
Referral Contact if any:	Direct
Diagnosis	Duchenne Muscular Dystrophy
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

<p>Patient / Family Wellness Benefits (**Terms & Conditions Applicable. No Cash refunds if benefits are unutilized)</p>	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 Cafeteria 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.
	7. Complimentary Use of Shuttle Vehicle to nearest Mall/Shopping Centre (As available/Limited Service).
	8. 20% Discount on Medical Services for Patient Attenders. *Terms & Conditions apply

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	BOMLAEADXXX
BRANCH ADDRESS	DUBAI INTERNET CITY BRANCH (DIC)
CITY	DUBAI, UAE
PURPOSE CODE	TTS

Important:

Terms & Conditions	a. It is obligatory for SMA 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.
	e. As per hospital's policy, any applicable refunds will be made via a bank transfer to the origin / source IBAN only. Maximum Cash Refunds applicable up to AED 10,000.
	FUH recommends to all patients to sign a Medical Services Agreement between hospital & patient.
Payment Terms	100% advance. Credit facility not available.

Contact Details:

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