



Universitätsklinikum  
Hamburg-Eppendorf

University Medical Center Hamburg-Eppendorf  
Martinistraße 52, 202046 Hamburg

Mrs.  
**Ana Chiu**

**INTERNATIONAL OFFICE**

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20246 Hamburg

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**your case-manager: M.Grawe**  
your Patient ID: 7186

**COST - ESTIMATION**

Dear Mr.

please find below a cost estimate for the proposed plan of treatment

in the department of       Nephrology  
clinical director:       Prof. Stahl  
treatment category       private  
**treatment type**       **14 days in-patient**  
accommodation:       single room if possible

Diagnosis:	Chronic renal disease
Proposed treatment:	Diagnostic work up and therapy adjustment

<b>Treatment flat rate I</b>		
Services for diagnostic work-up and therapy including inpatient, outpatient care, risk surcharge, room charge	9.636,35	€

<b>Treatment flat rate II</b>		
Fees for physicians (clinical directors) entitled to bill independently	5.000,00	€

<b>Treatment flat rate III</b>		
invoices from third parties (medical systems, special medication, administration and so on)	2.686,15	€

<b>Total costs</b>	<b>17.322,50</b>	<b>€</b>
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Before admittance to the hospital you will need to prepay:  
 ==> if you pay by cheque or money transfer you will need to pay: 17.322,50 €  
 ==> if you pay by credit card you will need to pay: 17.842,17 €  
 (including bank fees for credit card use)

The form 'request for payment' includes all financial data you need for a bank transfer.

We must call your attention to the fact that this cost estimate relies on currently available information regarding the therapy needed. The expected length of inpatient stay follows customary calculations. Any extensions in the length of an inpatient stay or further treatment may entail additional costs.

**Treatment flat rate I** is based on the German DRG-price catalogue (DRG-diagnosis related groups) for inpatient treatment or on the German GOÄ-price catalogue for outpatient treatment.

**Treatment flat rate II** is based on the German GOÄ-price catalogue (DRG-diagnosis related groups) physicians' scale of charges and fees.

**Treatment flat rate III** is based on German price catalogues for medical products, pharmacy so forth.

**Pls. keep in mind that treatment will not be started without having clarified payment of this cost calculation!**

Please return the signed form with the copy of the money transfer to the fax +49 40 7410 51691.

For visa please send us your passport copies and we will apply for it in the German Embassy of your home country!

If we do not hear back from you within 6 months of sending out this cost estimate we reserve the right to dispose of all documents you sent us (medical reports, imaging etc.).

If you have questions do not hesitate to contact us anytime!

Thank you very much for your support!

UKE International Office