

August 29, 2019

Invoice

Patient Name: Emilio Avila Ochoa

DOB: February 10, 2009

Address: Division of Neurosurgery
Children's Hospital Los Angeles
4650 Sunset Boulevard, Los Angeles, CA 90027

Thank you for considering Children's Hospital Los Angeles for your child's medical needs.

Below is a cost-estimate for the preparation of surgical procedure, surgical procedure and post-surgical procedure.

Prior to your child's appointment with our medical team, we ask that you please deposit the following amount via credit card or wire transfer:

Estimated CHLA Facility Fee	\$150,000 USD
Estimated CHLA Medical Group Physician Fee	\$ 19,665 USD
Total Estimated Fee	\$169,665 USD



To obtain our wire transfer instructions or to submit an online payment, please visit our international payment portal or click:
<https://chla.flywire.com/>

This estimate includes the fees for MRI, preparation operation labs, surgical procedure and post-surgical procedure with our medical team. Once the payment and signed letter of understanding (attached) have been received, I will provide a confirmation of the transaction and an appointment date. Please note that this amount is only an **estimate** of the charges for your child's care. Should your child require additional medical attention at any point during the evaluation and/or treatment, Children's Hospital Los Angeles will propose additional charges before moving forward. At that time, we will need to secure payment before continuing services. Upon completion of your child's final visit, Children's Hospital Los Angeles will provide an itemized statement and reconcile all charges. If there is a remaining balance, we will provide a refund.

Should you have any questions or concerns in the interim, please do not hesitate to contact me.

Sincerely,

Stephanie Salcedo, BA | International Case Coordinator
Center for Global Health
Children's Hospital Los Angeles
4650 Sunset Blvd., MS#166 | Los Angeles, CA 90027
Phone: +1.323.361.1573 | Fax: +1323.361.3878
stsalcedo@chla.usc.edu | www.CHLA.org

Letter of Understanding



August 29, 2019

Please complete this form and return, along with the payment via email at your earliest convenience.

I acknowledge that the amount stated below is not final and only an **estimate** of the charges for my child's care based on initial review of medical records I have provided to the Center for Global Health's International Patient Services team. Should my child require additional medical attention at any point during evaluation and/or treatment, I understand that additional charges will be proposed.

Emilio Avila Ochoa

DOB: February 10, 2009

Total Estimated Fee: \$169,665 USD

Signature

Date

Print Name

Relation to Patient