



The Portland Hospital

for Women and Children

part of HCA Healthcare UK

PAEDIATRIC ADMISSION AGREEMENT

EU Resident: Yes

Patient Name: Borys Bartosiak

Date of Admission: 16/02/2019

M Number: 1735877

Admission Type: Inpatient

CCSD/ Package	Package	Selective Dorsal Rhizotomy
	Select	None selected
	Select	None selected
	Select	None selected

MRI	Select	None Selected
	Select	None Selected

Self Pay Package

Package Price	£31,500.00
Additional Procedure	£0.00
Additional Nights	- £0.00
> Paediatric Intensive Care Unit (PICU)	- £0.00
> Standard room	- £0.00
MRI	£0.00
Additional Charges	£0.00

Self Pay Quotation

Total Funds required prior to admission	£31,500.00
	£31,500.00

INCLUSIONS AND EXCLUSIONS

Please see the table below for information on the services included or excluded from this package agreement. **Should your child's treatment change, this will affect the cost of stay and the pricing agreement will change accordingly.**

DISCHARGE

Discharge time is 10am for additional nights outside the package. Discharge after 10am may result in additional charges unless there is a medical reason for a later discharge.

INCLUSIONS	EXCLUSIONS
<p>Prior to surgery:</p> <ul style="list-style-type: none"> * Pre-operative, baseline, functional assessment including orthotic evaluation. * Lumbar spine plain x-ray. * Pre-assessment including routine blood tests. <p>Admission and surgery:</p> <ul style="list-style-type: none"> * Dorsal rhizotomy procedure and anaesthesia (including the consultant neurosurgeon and consultant anaesthetist fees). * Theatre Fees, drugs and dressings. * One night stay in PICU. * Five night stay on the paediatric inpatient ward. * Drugs required whilst in hospital (including PCA pump). * Twice daily physiotherapy during hospital stay (days 3-6). * Nursing care. * Regular visits from a Consultant Neurosurgeon. * Removal of stitches and dressings as required. * One Dietetics session when transferred out of hospital (if needed). * Patient meals from the set menu and companion lodger fee in standard patient room (including meals from the set menu). * Hospital accommodation and meals for the patient are not transferable. <p>Late post-operative care (after discharge):</p> <ul style="list-style-type: none"> * Outpatient physiotherapy twice a day for 14 days post-surgery. * Three follow up consultations with SDR team. 	<ul style="list-style-type: none"> * Dedicated physiotherapy assessment (may be required for new patients with limited medical notes). * Additional imaging not listed as included in the package (MRI, CT, X-Ray, Ultrasound). * Additional pathology not listed as included in the package. * Additional therapies not listed as included in the package. * Consultations with other specialists not listed (such as orthopaedic surgeon). * Any additional or more complex procedures not listed such as heel cord/hamstring release. * Any stay in high dependency unit, paediatric intensive care unit or on the paediatric inpatient ward which is not listed as included (note these will be listed out). * Take home medication * Personal costs such as telephone, visitors meals and drinks, newspapers and ambulance or other transportation costs. * Gait analysis pre or post surgery. * Orthoses post-surgery. * Equipment. * Hotel accommodation pre and post surgery (note: we can provide assistance finding local hotels). * Any additional nights over the six nights included in the package. * Any costs not specified as included.

Bartosiak, Borys
Pilsudkiego 38A
Jozefow 05-410
Poland

30 November 2018

Dear Master Bartosiak,

Thank you for selecting The Portland Hospital for Women and Children. On behalf of all the staff, we extend a warm welcome to you and we would be grateful if you would read the enclosed information as there are some important details that we require before your admission.

ADMISSION DETAILS

Date of Admission: 16 February 2019
Arrival Time: 7:00am
Expected Length of Stay: 6 Nights
Consultant: Mr Kristian Aquilina
Unit Number: X2844833
Account Number: M1735877

Insured patients

Please contact your insurance company and arrange confirmation of cover for your child's treatment. Without confirmation from your insurer, you will be expected to pay a deposit for your child's care prior to admission with any further charges to be settled on the day of discharge.

Please be advised that we will still require credit or debit card details for any auxiliary charges or items that are not covered by your insurer for example, telephone calls and guest meals.

Self Pay patients

As a self funding account, you will be required to pay your deposit 8 weeks prior to your admission (10 working days if you wish to make payment by cheque). We request that all self funding accounts must remain in credit at all times and will notify you if additional funds are required during your child's stay.

Payment can be made by one of the following options:

Telephone: +44 (0) 207 390 6032 (option 2)

