

Financial Estimate # 447137 – Not Final Bill

Issue Date: 12/05/25
11/6/2025

Expiry Date:

Patient Name: Yara Ahmad Chehab

MRN: 10715805

Estimated service date: 12/5/2025

Thank you for choosing Cleveland Clinic Abu Dhabi (CCAD) as your healthcare provider. As part of our financial services, we provide you with a **Cost Estimate** based on the anticipated treatment plan recommended by your physician.

Combined Lung and Heart Transplant Package

Service Description	Estimate in AED
Pre – Lung Transplant Work Up (below Age 40 Yrs.) Work up investigations (Below 40 yrs. excluding. Cath)	75,743.00
Heart Transplant Pre-work up with Catheterization	103,400.00
Lung Transplant Surgery (Recipient) LOS 33 Days (including ICU & Private Room)	600,178.00
Heart transplant surgery for recipient only IP and Tranplant Surgery for recipient with LOS 33 days	600,177.88
Cadaveric donor for Lung (Local external organ retrieval with in UAE)	40,000.00
Cadaveric donor for Heart (Local external organ retrieval with in UAE)	40,000.00
6 Month Post- Lung Transplant Follow Up Bronchoscopy with Biopsy Week 2 ,3 ,6 ,8,10 Week 4 Week 12 Month 4.5 Month 6	108,564.00

Service Description	Estimate in AED
1 Nutritionist consult post transplant	
Post-transplant follow up – 6 months program	293,150.00
Cost of post transplant medication for one year (Cost may range to AED 300,000/- per year pertaining to patient's medical condition)	245,020.00
Total	2,106,232.88

By signing below, I hereby acknowledge that the above represents only an **ESTIMATE OF COSTS** and that I (the patient and/or guarantor) will be financially responsible for the balance of all charges incurred and associated with the medical services provided to me at Cleveland Clinic Abu Dhabi.

Please note that charges will be subject to change based on physician's orders for labs and diagnostic tests, and due to changes in procedure(s) length of stay. This estimation is valid for one month from date of issue and excludes (Medical supplies, implantations, devices, outpatient care, and discharge medications).

Final Detailed Bill:

The Final Detailed Bills shall be generated **after 3 weeks from the completion of your hospital services.**

For more information please contact our Billing team at

- Outside UAE: +9712 659 0200
- Within UAE: 800 8 CCAD (800 8 2223)
- Billing@ClevelandClinicAbuDhabi.ae

PATIENT / GUARANTOR SIGNATURE :

FINANCIAL COUNSELOR SIGNATURE : Shabena Kutty

DATE :

Payment Options

Below are payment alternatives that you may utilize to remit cash funds to CCAD. Please request that your bank clearly documents your full name, Medical Record Number (MRN) or Hospital Account Number (HAR) in all cash transactions.

Prior to Arrival:

If you prefer to make a payment prior to arrival:

- We accept **Bank Wire Transfers**. Please allow for **at least 3 business days** ahead of your visit for this to be reflected in our account. Below are the relevant details for wire transfer:

BENEFICIARY BANK NAME	FIRST ABU DHABI BANK PJSC, HEAD OFFICE PO BOX 6316 ABU DHABI
ACCOUNT NO.	7771001170301037
IBAN NO	AE620357771001170301037
SWIFT CODE	NBADAEEA
ACCOUNT NAME	CLEVELAND CLINIC AUH- REVENUE

- We facilitate **Online Payment** using cards for amounts less than AED 100,000. (Kindly request the assistance of our Senior Financial Counsellor for more details.)

Please Note:

- *If CCAD refunds payments (or part thereof) made prior to your arrival, such refund will be issued in Dirhams (AED) through Check or Bank Wire Transfer. **Refund process may take 6 weeks once confirmed as applicable and approved.** Any changes in exchange rates between AED and your original currency shall be at your own risk, and you hereby waive any claim you may have with respect to any such fluctuation.*
- *Please ask your Bank to include Patient Name / MRN / HAR in the Reference for Beneficiary Field of your payment instruction to help us easily identify your payment.*

Upon Arrival:

- **Cash:** We accept only the local currency; UAE Dirhams (AED). Please ensure that this is available at the time of your appointment.
- **ATM/Credit Cards:** We accept payments via all major credit cards. MasterCard, VISA, Diners, Discover, JCB, CUP, Mercury, and AMEX Cards (American Express).
- **Managers Checks:** We accept Banker's Checks /Demand Drafts /Pay Orders. The check should be drawn in favor of "CLEVELAND CLINIC ABU DHABI". You may also elect to mail it to us at the below address:
- (Please confirm with your mail courier service that this is delivered **at least 3 business days** prior to your appointment.)

**CENTRAL CASH OFFICE
CLEVELAND CLINIC ABU DHABI
A.D.G.M. SQUARE AL MARYAH ISLAND
P.O. BOX 112412
ABU DHABI, UAE**

Value Added Tax

Services mentioned in this estimate bill may be subjected to a VAT of 5 percent, governed and subjected to the rules, bylaws, regulations, and circulars pertaining to the Federal Decree-Law No. (8) of 2017 and the law's associated Executive Regulation.

Insurance Claims for Reimbursement for Non-Contracted Insurance Companies with CCAD:

Reimbursement claims for non-contracted payers are subject to the terms and conditions of your insurance policy. Cleveland Clinic Abu Dhabi does not guarantee coverage by your insurer or payer, and it shall not submit claims accordingly.

In event you are seeking reimbursement for your services acquired in this estimate, you are kindly requested to provide a valid reimbursement form from your payor/Insurance for being duly filled out by the attending physician.

@RTWUSERSIGN@

Cleveland Clinic Abu Dhabi

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Emirates

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