

**COST ESTIMATE FOR \_\_\_\_\_ INUSPHERESE<sup>®</sup> TREATMENT: \_\_\_\_\_**

Last name / First name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street: \_\_\_\_\_ Postal code: \_\_\_\_\_ City / town: \_\_\_\_\_

We are pleased to present your individual cost estimate. This includes basic and customized additional services, forming a therapy program adapted specifically for you.

The basic services cover all costs that arise as part of “conventional” INUSphere<sup>®</sup> treatment. In contrast, additional services depend on your specific health situation and are not included in the cost framework of the basic services.

Please note that laboratory costs are not included in our estimate. Any laboratory costs incurred will be invoiced by external partners. We rely on transparency and therefore discuss the expected costs with you as part of the initial consultation before each laboratory diagnostic service.

The INUSphere<sup>®</sup> treatment is a central component of your therapy. Nevertheless, it is important to understand that although it relieves the body and can support the healing process, it only rarely leads to an immediate cure.

As part of Eller Kellermann<sup>®</sup>, ELLANN<sup>®</sup> offers a wide range of evidence-based therapies that can be combined with INUSphere<sup>®</sup>. We would be happy to advise you in detail on our extensive range of therapies in order to create a personalized, holistic therapy plan for you.

For prevention, INUSphere<sup>®</sup> is used for comprehensive detoxification and elimination of environmental toxins and heavy metals. Here INUSphere<sup>®</sup> stands on its own and can contribute to the prevention of diseases and the promotion of an optimal state of health.

We look forward to caring for you.

## BASIC SERVICES FOR AN INUSPHERESE<sup>®</sup> TREATMENT

Filter system costs		Cost items: * 3.5 x GOÄ rate (medical fee schedule)
	One filter kit for lipids incl. cost of materials (based on the German uniform assessment standard (EBM) 13621/96108A) (tube set, separator, fractionator, flushing, Heparin <sup>®</sup> , electricity, equipment costs, laundry)	€997.00
	One INUSphere <sup>®</sup> autoimmune/environmental apheresis filter kit (based on EBM 13621/96120) (tube set, separator, fractionator, flushing, Heparin <sup>®</sup> , electricity, equipment costs, laundry)	€2,218.00
<b>Material costs</b>		
	Material costs for a central venous catheter (optional)	€77.35
	Material costs for a venous catheter	€26.81
	Material costs for consumables (absorbent wipes, compresses, adhesive bandages, infusion sets, etc.) Costs may vary depending on consumption	Approx. €30.00
	Infusion program during, before or between INUSphere <sup>®</sup> treatment(s) (standard); prices for infusions may vary depending on the indication and medication	€76.36
<b>Consulting services and preliminary examinations</b>		
	A860* biograph. anamnesis according to holistic aspects with documentation to initiate holistic regulative therapy according to Sect. 6 (2) 860	€187.67
	651 ECG (at least 9 leads as part of the preliminary diagnosis)	€26.55
	34* Detailed therapy report covering all findings (by phone or in person, max. 30 minutes)	€61.21
<b>Treatment costs as part of the INUSphere<sup>®</sup></b>		
	1* Consultation	€16.31
	5 Symptom-based examination	€16.35
	272 Infusion i.v. 30 minutes	€24.13
	602 Oximetry test	€8.86
	200 Dressing	€6.03
	792* Patient care INUSphere <sup>®</sup> /lipid apheresis	€89.76
	650 ECG (monitoring during treatment)	€15.95
	56 Time spent under medical supervision, per every half hour or part thereof (charged multiple times depending on the length of stay during and after INUSphere <sup>®</sup> )	€18.88
	261x4 Delivery of medication	€16.08
	3514 Glucose	€4.69
	253x2 Intravenous injection	€18.76
<b>Possible accesses (arm veins/inguinal catheter)</b>		
	410, 490, 252, 260* Femoral catheter	Approx. €80.35
	253x2 Accesses via arm veins	€18.76

**Important!** We appreciate your understanding that health care services require careful planning. We understand that life is sometimes unpredictable and that appointments may need to be rescheduled. We therefore ask you to think carefully about whether you can keep the appointments for the INUSphere<sup>®</sup> treatment.

Please note that cancellations or postponements at short notice not only lead to booking losses for other patients, but also mean considerable administrative work for us. If you cancel an appointment within the same week of treatment, a fee of €233.46 will apply to cover our consultation services.

For cancellations or appointment changes made less than 24 hours before the start of the first treatment, we are forced to charge a fee of €1,248. This is because we can no longer give these appointments to other patients and some of the equipment has to be set up 24 hours in advance to ensure a timely start of the treatment.

In these cases, we will send you our fee invoice via our external billing service provider Mediserv. With your signature you confirm that you have understood these conditions and accept them.

The costs for the basic services for INUSphere<sup>®</sup> amount to approx. \_\_\_\_\_

Place / date:

Signature of patient:

## ADDITIONAL SERVICES FOR AN INUSPHERESE® TREATMENT

Cost items: \* 3.5 x GOÄ rate (medical fee schedule)

A870* / A33x2 Therapy planning in accordance with holistic aspects (concluding discussion), duration: 1 hr.	€233.46
85A* Detailed therapy report covering all findings	€101.99
75A* Short treatment report, assessment of external findings	€26.53
410* Ultrasound examination of one organ	€40.80
420* Ultrasound examination of up to three organs	€48.96
417 Ultrasound examination of the thyroid gland	€28.15
645 Ultrasound examination of carotid arteries	€68.20
404/401 Surcharges for ultrasound services	€37.88
652A x 2/505/846 ANS analysis	€148.35
Osteopathic complex treatment (GOÄ billing numbers on request)	€186.00
651A/75 Bioelectrical impedance analysis	€52.11
4710/3504/4757/4518 Dark-field microscopy	€42.90
346A*/538/846 Hemo-laser therapy	€152.19

NOTE: The stated prices are the costs per treatment

The costs for individually planned additional services amount to \_\_\_\_\_

Place / date: \_\_\_\_\_ Signature of patient: \_\_\_\_\_

For subsequent and comprehensive therapy planning, we need special laboratory tests. By signing this document, you confirm that you have been informed of the laboratory costs and that you want a comprehensive laboratory evaluation. (The laboratory costs are charged by an external laboratory and therefore are not included in our cost estimate.)

The costs for the planned laboratory tests amount to approx. \_\_\_\_\_

Place / date: \_\_\_\_\_ Signature of patient: \_\_\_\_\_

As payment for your treatment, we ask you to pay the amount immediately after completion, either in cash, by debit card or credit card. We generally accept credit cards such as Visa, MasterCard, American Express and Discover. If you plan to pay with your debit card, we recommend that you request an increase in your payment limit from your bank before your treatment day, as the usual daily limit often does not cover the treatment amount. Subject to a credit check via our payment service provider Mediserv, payments by invoice are possible for our patients who reside in Germany.

Our goal is to make your payment process as smooth and convenient as possible. Thank you for your cooperation and support!

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ELLER  KELLERMANN



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