LIVER TRANSPLANT CONTRACT/CHILDREN'S HOSPITAL SAN DIEGO CALIF

EFFECTIVE MAY 7 2002 THROUGH MAY 2 2003

HEALTH PLAN ID#

MEMBER NAME **TRANSPLANT FACILITY ID# 022038**

AHCCCS ID#

CHILDRENS HOSPTAL
SAN-DIEGO

COMPONENTS	INCLUSIVE RATE	BEGIN DOS	ENDING DOS	APPROVED	DENIED	DATE/REVIEWED	R/C	COMMENTS
1.1 PRE TRNSPLT-EVAL 1	$5,000							
1.2 PRE TRNSPLT-EVAL 2								
2. PREP & TRNSPLT DAY	$92,000							
3.POST CONVALCARE D1-30	$71,000							
4.POST CONVALCARE D31-60	$10,000							
5.POST CONVALCARE D61-70	$1,750							
6.POST CONVALCARE D71-80	$1,750							
7.POST CONVALCARE D81-90	$1,750							
8.POST CONVALCARE D91-100	$1,750							
TOTAL COST THRU 100DAYS	**$185,000**							

CAREGIVER: PER DIEM--$215.00