



Date: 27/03/18

Cost estimation NO: 28394-06

Patient Name: ANNA ABRAMOVA

Patient No.: 3513396

The estimated cost of this evaluation\ treatment is: 13,629.60 USD as follows:

| # | Description of services | Quantity | USD |
|--------------------|-------------------------------|----------|-----------|
| 1 | Laryngoscopy tracheoscopy usd | 1.00 | 10,027.00 |
| 2 | Medical consultation | | |
| 3 | Hospitalization | | |
| 4 | Blood and laboratory tests | | |
| 5 | Decannulation usd | 1.00 | 7,010.00 |
| 6 | Medical consultation | | |
| 7 | Hospitalization | | |
| 8 | Blood and laboratory tests | | |
| Sum | | | 17,037.00 |
| Discount: | | | 3,407.40 |
| Sum after discount | | | 13,629.60 |

** Based on cash exchange rate 3.49Please note: Including the following procedures as required and related
to airways disorders treatments - up to 1 month period following the
surgery date.

The cost estimate above will be valid for 6 months

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The above mentioned medical evaluation and treatment, cost and length of stay are according to the best of
our abilities. They do not cover unexpected medical complications, medications, devices and services
purchased outside the hospital and any additional expenses, e.g., accommodation, extras, transportation,
etc., neither for the patient and nor for the accompanying person. The Medical Center is entitled to change



or not to perform the suggested medical treatment and this according to the actual medical condition of the patient at the time of arrival.

It is of paramount importance that all available original clinical, laboratory (especially pathological and hematological slides) and imaging data (X-rays, CT-scans, US-pictures) should be brought to us together with the patient.

In order to be registered and to open a medical file at the medical center please send us the following:

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. Official bank transfer request/ receipt for the advance payment to:

Bank Hapoalim, Beit Asia
Weizman st. 4, Tel-Aviv, Israel
Bank Code:12
Branch No: 567

Account No: 130533

"Tel Aviv Medical Center Research And Development Fund And Health Services"

SWIFT code: poalil

IBAN no: IL29 0123 6700 0000 0130 563

<https://bolshie-dela.com>

Please bring a credit card with you as a deposit regardless of the manner of payment
(payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

Sincerely,
SHIRLY SADEH
Medical Tourism
Tel Aviv Medical Center
6 Weizman st. Tel Aviv 6102399

Patient's name

Signature

Date