



Date: 27/03/18

Cost estimation NO: 28394-05

Patient Name: ANNA ABRAMOVA

Patient No.: 3513396

The estimated cost of this evaluation\ treatment is: 19,017.77 USD as follows:

#	Description of services	Quantity	USD
1	Medical consultation	4.00	733.52
2	Surgery 4	1.00	14,326.65
3	Inpatient hospitalization, per day, up to 3 days after surgery .	3.00	2,693.13
4	Inpatient hospitalization, per day, for fourth day or longer	4.00	3,122.08
5	Additional inpatient daycharge	2.00	1,563.32
6	Blood and laboratory tests	2.00	1,146.14
7	Blood typing antigen screening for compblood typing antigen screening for comper unit screened	1.00	187.39
<b>Sum</b>			<b>23,772.23</b>
<b>Discount:</b>			<b>4,754.46</b>
<b>Sum after discount</b>			<b>19,017.77</b>

\*\* Based on cash exchange rate 3.49

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.

The cost estimate above will be valid for 3 months.

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: poalilit**

**IBAN no: IL29-0125-6700-0000-0130-533**

**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.

<https://bolshie-dela.com>

Sincerely,  
**SHIRLY SADEH**  
Medical Tourism  
Tel Aviv Sourasky Medical Center  
6 Weizman St. Tel Aviv 6104239  
Israel

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date