

**Subject: Confirmation of the Hospitalisation of Patient Simeon Dimitrov**

Dear Sir/Madam,

27.05.2024

ESTIMATED TREATMENT LOCATION: ACIBADEM MASLAK HOSPITAL / ISTANBUL  
PHYSICIAN: Prof. Dr. Reyhan Çeliker  
approximate estimate of costs for treatment & stay in our hospital are as follows:

| ESTIMATED TREATMENT REPORT |  |
|----------------------------|--|
| <b>Patient's Name</b>      | <b>Simeon Dimitrov</b>   |
| <b>Physician</b>           | Prof. Dr. Reyhan Çeliker;  |
| <b>Treatment Proposed</b>  | Examination 170 EUR  |
| <b>Note:</b>               | *Treatment plan can be changed due to patients physical condition, plan will be determined after consultation and results. |
| <b>Total</b>               | <b>170 EUR</b>   |

This estimate is for the recommended investigations.  
The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services by the senior doctors. Also the EUR pice may vary acc. to convertible rate EUR/TL.

PLEASE CONFIRM THE ACCEPTANCE AND PAYMENT.

**ACCOUNT DATAS ACIBADEM MASLAK HOSPITAL:**

(PLEASE SEND THE SWIFT MESSAGE TO BELOW GIVEN E-MAIL ADDRESS)  
ACIBADEM SAĞLIK HİZMETLERİ VE TİC. A.Ş.  
GARANTI BANKASI İSTİNYE PARK ŞUBESİ  
383- 9094549  
IBAN: TR24 0006 2000 3830 0009 0945 49  
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