

Liver Transplantation Center

Pt. Veselina Atanasova



Quality



State - of - the - art - technology



Hospitality

 Contact Center
+90 850 711 6060
f @ groupflorence
www.groupflorence.com
apply@florence.com.tr



**Florence**
Healthcare

PROFORMA INVOICE

| | |
|--|---|
| Name of the patient | Veselina Atanasova |
| Diagnosis / treatment required | Post-transplantation blood tests follow-up and consultation |
| Doctor / team | Prof. Dr. Yıldıray Yüzer (Head of the Liver Transplantation Center) |
| Length of stay | Outpatient |
| Cost of the treatment (estimated) | 600 EUR |
| The above mentioned cost of the treatment includes | <ul style="list-style-type: none"> • Patient care / nursing services |
| Exclusions | <ul style="list-style-type: none"> • Extra medications, and/or medical equipment's, any additional interventional procedures, tests and/or surgeries • Additional consultations of other doctors / specialists • Any complications and prolonged hospitalization • Accommodation outside the hospital |
| Facilities for patients | <ul style="list-style-type: none"> • Transportation airport – hotel – hospital (If a transport by an ambulance is necessary, costs will be carried out by the patient) • Arrangement of all appointments and procedures • Arrangement of the interpretation services • Arrangement of hotel / residence if needed (The accommodation cost will be carried out by the patient) • Hospital stay, meals (breakfast, lunch and dinner), TV with international channels, free WI-FI, air condition and en suite bathroom • One accompanying person can also accommodate during the hospital stay, which is included in the cost. |
| Notes | It is advised that you bring all previously performed test and investigation results, as well as the radiological images to the initial doctor consultation and inform us prior to the arrival date about any medication use. |

NOTE: The above mentioned treatment plan has been determined according to the current provided information and kindly be informed that prices may vary after the reevaluation of the patient at the GFNH in case of additional medication, extended hospitalization, interventional procedures, tests and/or surgeries needed. Anything beyond the package stay will be charged extra and as per the actual.

Date: 30.05.2024

Thank you for choosing Group Florence Nightingale Hospitals for your healthcare needs. We will be pleased to assist you during your visit to Group Florence Nightingale Hospitals and ensure that you receive the highest level of care at all times. Vital information and hospital policies for your requested medical services are outlined below.

Appointment Information

- Our team will assist with transportation and accommodation arrangements. Our transportation services from and to the airport are free-of-charge for our patients. We also have special rates for patients of Group Florence Nightingale Hospitals at nearby hotels. Please let us know ahead of time for any assistance requirements.
- The signed copy of this payment information sheet form should be returned to our office in order to confirm the appointment(s).
- Bring copies of your passport, medical records (accepted in English or Turkish only) and any relevant image diagnostics to the appointment.
- Please arrive at the hospital 1 hour prior to your appointment time to complete the necessary registration process.
- Notice of appointment cancellations must be provided at least 2 days prior to the appointment date or 4 days prior to a surgery or admission date.

Financial Information

- Payment(s) for medical services must be issued beforehand i.e. by admission date/time of first appointment.
- The half of the inpatient treatment costs must be paid before the arrival to the hospital via bank transaction
- Transaction with electronic bank wire is expected in advance.
- Expenses for medical services rendered will be checked at regular intervals during treatment, care and/or recovery to verify if any extra costs occur beyond the given estimations; patients will be informed accordingly and asked to settle dues.

Bank Account Details

GARANTİ BANKASI MECIDIYEKOY TICARI SUBESİ – Currency USD

| | |
|--------------|---|
| Account Name | İSTANBUL FLORENCE NIGHTINGALE HASTANESİ A.Ş |
| IBAN | TR48 0006 2000 1190 0009 0818 57 |
| SWIFT | TGBATRISXXX |

GARANTİ BANKASI MECIDIYEKOY TICARI SUBESİ – Currency EURO

| | |
|--------------|---|
| Account Name | İSTANBUL FLORENCE NIGHTINGALE HASTANESİ A.Ş |
| IBAN | TR75 0006 2000 1190 0009 0818 56 |
| SWIFT | TGBATRISXXX |

I,....., hereby with certify that I perfectly understand and abide to Group Florence Nightingale Hospitals’ treatment planning and service policies, and guarantee to make the payments according to Group Florence Nightingale Hospitals’ payment procedures.

Patient’s Name, Surname:

Date:

Signature:

İSTANBUL FLORENCE NIGHTINGALE
HASTANESİ A.Ş.
Abide-i Hürriyet Cad. No:168 34381
Şişli / İSTANBUL Tel: (0212) 373 65 75
Kaplıhanesi Cad. No: 1481 056 8755
Etiler / Beşiktaş / İstanbul Tel: 800420

Group Florence Nightingale Hospitals