

## **PROFORMA**

| 111 11 11 11                                   |                   |  |  |
|--|-------------------|--|--|
| Information / Bilgilendirme                    | 14/06/2024        |  |  |
| Patien Name Surname / Hasta Adı Soyadı         | IVELINA GESHEVA   |  |  |
| Country / Ülke & Passport Number / Pasaport No | BULGARIA          |  |  |
| Branch / Branş                                 | SURGICAL ONCOLOGY |  |  |
| Doctor Name / Doktor Adı                       | KAGAN GOKCE, MD   |  |  |
| Contracted Company / Anlaşmalı Firma           | MEDICAL KARACI    |  |  |
| Okan Contact / İlgili Personel                 | MOSTAFA ABDI      |  |  |

## Notes / Not

- 1- Package: Doctors' Fees (Surgeon, Anesthesiologist, Operating Room Charges, Follow-up Doctor)
- Nursing Service Charges, Hospitalization Charges.
- Procedure-related tests (pre-op tests).
- Medical equipment and supplies necessary for the procedure.
- 2- The package does not include: Unexpected additional hospital stays, Non-standard medications and supplies
- Additional or special consultations by senior doctors
- Personal Expenses such as cafeteria purchases.
- The treatment plan may be changed after evaluation, examination and investigations

| Hospitalization Day / Yatış Günü                     | ( ) Day intensive care | ( ) Day service |
|--|------------------------|-----------------|
| Procedures / İşlemler                                |                        | Price / Tutar   |
| 10-DAY HOSPITAL STAY                                 |                        | 5.000,00 €      |
| FOLLOW-UP BY SURGICAL ONCOLOGY X 14 DAYS             |                        | - €             |
| MEDICAL ONCOLOGY CONSULTATION                        |                        | 150,00 €        |
| FOLLOW-UP TESTS DURING HOSPITAL STAY (LAB & IMAGING) |                        | 4.000,00 €      |
| CARDIOLOGY CONSULTATION                              |                        | 150,00 €        |
| CHEMOTHERAPY (1ST CYCLE)                             |                        | 1.750,00 €      |
| CHEMOTHERAPY (2ND CYCLE)                             |                        | 1.250,00 €      |
|  |                        |                 |
|  |                        |                 |
|  | Total Amount           | 12.300,00 €     |

\*The price quote excludes any treatment and accomodation that may be needed for potential complications of above mentioned diagnostic procedures. Similary, any additional exam, diagnostic test, physical therapy, radiology or procedure taht may be required are not included Please note, the above mentioned quote will be required at the time of admission. Failure to comply with this requirement can result in a delay or variations from the proposed treatment the cost may vary. The final bill will be provided at the time of discharge and any unpaid balance may result in the delay of your discharge process. The announced pricing is valid for 30 days.

\*\*The rates mentioned above ar indicative subject to change according to market conditions without any prior notice. In case of cancellations and returns, current TL exchange rates will be applied and invoiced accordingly. Please see below our bank information details where are you can make your payment:

Accound Holder: İSTANBUL OKAN ÜNİVERSİTESİ, Bank Name: Garanti Bankası (62) / Altunizade Şubesi (341), Swift Code: TGBATRISXXX

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