



Sava Memorial Hospital  
Neznanog junaka 17  
11040 Beograd

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info@savamemorial.com  
www.savamemorial.com

**Customer:** Viktorija SVetlinova radanova

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Patient ID:** 28.12.2020.

**Date of issue:** 26.06.2024

**Place of issue:** 11000 Beograd, SRBIJA

## PROFORMA INVOICE NO: 126/24

Service	Qty.	Price w/ o VAT	Disc.%	Amount with VAT
Preoperative preparation	1	150.00	0.00	150.00
Hospital day	3	250.00	0.00	750.00
Operation • Congenital Adrenal Hyperplasia.High urogenital sinus.Clitoromegaly and labial fusion - masculinization	1	7,000.00	0.00	7,000.00
Control lab	3	50.00	0.00	150.00
<b>Total amount:</b>				<b>8,050.00</b>
<b>Discount:</b>				<b>0.00</b>
<b>Total w/o VAT:</b>				<b>8,050.00</b>
<b>VAT:</b>				<b>0.00</b>
<b>FOR PAYMENT (EUR):</b>				<b>8,050.00</b>
				<b>+ bank transfer cost</b>

Payment due date: Immediately.

Note on tax exemption:

VAT is not calculated in accordance with Article number 25, paragraph 2 point 7 Serbian VAT Law

ALL OUR INVOICES ARE VALID WITHOUT STAMP AND SIGNATURE

STANDARD SETTLEMENT INSTRUCTIONS IN: **EUR**

CORRESPONDENT BANK:

SWIFT:

BENEFICIARY'S BANK: **Banca Intesa**

Milutina Milankovica 17, 11070 New Belgrade, Republic of Serbia

SWIFT: **DBDBRSBG**

BENEFICIARY: **Opšta bolnica "Sava Memorial Hospital"**

ADDRESS: **Neznanog junaka 17, 11040 Beograd, RS**

ACCOUNT NUMBER:

IBAN: **RS3516060000122406871**

(Signature)  
Kosara Veljović

PSH