

Milan, 20.06.2024

PRO - INVOICE

BALANCE FOR BRAIN SURGERY WITH PROF MORTINI

Patient: MARINOV Mihail Iliyanov, DoB: 21/07/2014

Sum to pay: € **59.838,59€**

Bonifico Bancario (bank transfer):

UNICREDIT S.P.A

Filiale Corporate Operations & Customer Care

Italy. 00153 Roma-ITALIA;

BIC CODE: UNCRITMMORR

IBAN: IT33J0200805364000101973905;

Intestazione C/C (Accountholder): Ospedale San Raffaele S.R.L, via Olgettina, 60 -

20132 Milano C.F. e P.IVA 07636600962;

Causale (causal): Saldo Protocollo 2543/24/ARS/AZ/cb, MARINOV Mihail Iliyanov,21/07/2014

For any questions please contact:

Dati coordinator:

Dott.ssa Enkeleda PRENDI

Patient Care Manager - EU & East Europe Area

International Development Department

Gruppo San Donato - Milano (Italy)

GSD University and Research Hospitals

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Ospedale San Raffaele S.r.l.

Istituto di Ricovero e Cura a Carattere Scientifico

Soggetta a direzione e coordinamento di Gruppo San Donato S.p.A.

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C.F., P.IVA e Reg. Imp. Milano 07636600962 – C.C.I.A.A. 1972938

Capitale Sociale 60.817.200 i.v.

www.hsr.it



**I.R.C.C.S. Ospedale
San Raffaele**

Gruppo San Donato

Milano, 03 maggio 2024
Protocollo 2543/24/ARS/AZ/cb

Preg.ma Famiglia
Marinov Mihail Iliyanov

Con la presente siamo a trasmettere fattura n. 1700005692 di 75.527,84€ e fattura n. 1700005693 di 7.425,00€ relative alle prestazioni effettuate presso la nostra struttura durante il ricovero del 30/01/2024.

Il saldo a Vostro carico risulta pari a **59.838,59€** (al netto dei bonifici bancari di 18.000,00€ del 18/01/2024, di 16.974,00€ del 19/01/2024 e di 21.140,25€ del 27/02/2024 comprensivo delle competenze mediche del Prof. Pietro Mortini pari a 20.000,00€, pari a 8.000,00€ e pari a 5.000,00€).

Tale importo potrà essere regolarizzato solo tramite bonifico bancario intestato come segue:

IBAN (Coordinate Bancarie Europee): IT33 J 02008 05364 000101973905

IBAN (Coordinate Bancarie Internazionali): BIC CODE UNCRITMMORR

Intestazione: OSPEDALE SAN RAFFAELE S.R.L. Via Olgettina, 60 - 20132 Milano

C.F. e P.IVA: 07636600962

Causale: Saldo Protocollo 2543/24/ARS/AZ/cb

Si segnala che procedendo al saldo sopra indicato le fatture si intendono quietanzate.

Trasmettiamo in allegato fatture n. 45/2024 e n. 59/2024 del Prof. Pietro Mortini regolarmente saldate; la fattura n. 132/2024 di 5.000,00€ verrà trasmessa a ricevimento del saldo.

A disposizione per ogni ulteriore chiarimento porgiamo distinti saluti.

Area Amministrativa Ricoveri Solventi
Ospedale San Raffaele S.r.l.
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tel 02.26432800
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@ info.ricoverisolventi@hsr.it

Ospedale San Raffaele S.r.l. – Socio Unico
Istituto di Ricovero e Cura a Carattere Scientifico
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Capitale Sociale € 60.817.200 i.v.

www.hsr.it



UniSR

Università Vita-Salute
San Raffaele

Sistema Sanitario  **Regione
Lombardia**

INVOICE NO. 1700005692

Date 03.05.2024

Customer Number 1071083996

Internal Ref.: 4229395787

MARINOV MIHAIL ILIYANOV
PREVEN STR. ZAHARI STOYANOR 32
00099 BULGARIA - STP-EX

Item	Quantity	Description	Unit Price	Total Price	VAT
		<i>Your Ref.</i>			
	2,0	SOLID MEDIUM CULTURE - MYCOBACTERIAL BIOPSY	33,75	67,50	10
	2,0	CULTURE EXAMINATION FOR MICROBACTERIA OF BIOPSY	62,99	125,98	10
	2,0	FUNGHI IDENTIFICATION THROUGH SEQUENCING	337,50	675,00	10
	3,0	BACTERIA IDENTIFICATION THROUGH SEQUENCING	382,50	1.147,50	10
	2,0	RESEARCH ON MICROBIAL GENES WITH PCR	281,25	562,50	10
	2,0	MICROSCOPIC EXAMINATION FOR MICROBACTERIA OF BIOPSY	14,83	29,66	10
	2,0	MICROSCOPIC AND CULTURE EXAMINATION OF CEREBROSPINAL LIQUID	31,11	62,22	10
	2,0	BLOOD CULTURE FOR AEROBIC SEARCH FROM VASCULAR CATHETER	54,10	108,20	10
	2,0	BLOOD CULTURE FOR ANAEROBIC SEARCH FROM VASCULAR CATHETER	54,10	108,20	10
	8,0	PROTEIN C REACTIVE	16,30	130,40	10
	10,0	S-CHOLINESTERASE	14,08	140,80	10
	10,0	S-gammaglutamil TRANSF	14,08	140,80	10
	10,0	PROTHROMBIN TIME	13,35	133,50	10
	2,0	BRAIN STANDARD CMC gadolinium MR	902,50	1.805,00	10
	2,0	CT CERVICAL SPINE SMC	292,50	585,00	10
	2,0	S-PROTEIN ELECTROPHORESIS	27,41	54,82	10
	10,0	S-ALANINE aminotransferase	11,88	118,80	10
	10,0	PARTIAL THROMBOPLASTIN TIME	13,35	133,50	10
	10,0	S-ASPARTATO AMINO transferase	11,88	118,80	10
	10,0	TOTAL AND FRACTIONAL S-BILIRUBIN	11,88	118,80	10
	10,0	S-TOTAL CALCIUM	13,35	133,50	10
	10,0	S-CREATINE KINASE	14,08	140,80	10
	10,0	S-CREATININE	13,35	133,50	10
	12,0	COMPLETE BLOOD COUNT EXAMINATION + DIFFERENTIAL	17,79	213,48	10

INVOICE NO. 170005692

Date 03.05.2024

Customer 1071083996

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Item	Quantity	Description	Unit Price	Total Price	VAT
	10,0	S-GLUCOSE	11,88	118,80	10
	10,0	POTASSIUM	11,88	118,80	10
	10,0	S-SODIUM	12,59	125,90	10
	10,0	S-TOTAL PROTEIN	11,88	118,80	10
	2,0	TYPE AND GROUP	36,00	72,00	10
	10,0	S-UREA	11,88	118,80	10
00400	2,0	PROTHROMBIN TIME	13,35	26,70	10
00800	2,0	S-gammaglutamil TRANSF	14,08	28,15	10
01200	2,0	S-CHOLINESTERASE	14,08	28,15	10
01900	1,0	ANGIOTC NECK-INTRACRANIAL	448,75	448,75	10
02000	1,0	CERVICAL SPINE XR	81,25	81,25	10
02100	1,0	INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITO RING	900,00	900,00	10
02200	1,0	CERVICAL SPINE XR	77,50	77,50	10
02600	1,0	CERVICAL SPINE CMC MR	776,25	776,25	10
04800	2,0	S-GLUCOSE	11,88	23,75	10
06600	2,0	S-CREATINE KINASE	14,08	28,15	10
07800	2,0	PROTEIN C REACTIVE	16,30	32,60	10
08300	1,0	CULTURE EXAMINATION OF VASCULAR CATHETER	31,11	31,11	10
08400	1,0	Midstream Urinoculture	24,75	24,75	10
08500	1,0	BLOOD CULTURE FOR AEROBIC	54,10	54,10	10
08600	1,0	BLOOD CULTURE FOR ANAEROBIC	54,10	54,10	10
10100	2,0	S-TOTAL PROTEIN	11,88	23,75	10
10400	1,0	GENETIC VISIT	132,50	132,50	10
10500	1,0	CEREBRO-SPINAL FLUID	19,28	19,28	10
10900	2,0	P-LINEZOLID	61,93	123,85	10
11500	2,0	POTASSIUM	11,88	23,75	10
12300	2,0	TOTAL AND FRACTIONAL S-BILIRUBIN	11,88	23,75	10
13900	2,0	S-TOTAL CALCIUM	13,35	26,70	10
14400	1,0	EFFUSION CYTOLOGY	193,75	193,75	10
15300	2,0	COMPLETE BLOOD COUNT EXAMINATION + DIFFE RENTIAL	17,79	35,58	10
16000	2,0	PARTIAL THROMBOPLASTIN TIME	13,35	26,70	10
16100	2,0	S-ALANINE aminotransferase	11,88	23,75	10
16300	1,0	EMOCROMOCYTOMETRIC EXAM	17,09	17,09	10
16700	3,0	CULTURE EXAMINATION OF BIOPSY	31,11	93,34	10
17100	2,0	S-SODIUM	12,59	25,18	10
19200	2,0	S-CREATININE	13,35	26,70	10
20400	1,0	S-AMYLASE	14,08	14,08	10
20600	2,0	S-UREA	11,88	23,75	10

INVOICE NO. 170005692

Date 03.05.2024

Customer 1071083996

Pag. 3

Item	Quantity	Description	Unit Price	Total Price	VAT
21900	2,0	S-ASPARTATO AMINO transferase	11,88	23,75	10
22300	34,0	DAILY HOSPITALIZATION FEE FOR NEUROSURGE RY	500,00	17.000,00	10
22400	29,0	SURGICAL MATERIALS FOR COMPLEX SURGERY (PER DAY IN HOSPITAL)	43,75	1.268,75	10
22500	1,0	DRUGS	9.043,34	9.043,34	10
22600	10,0	MEALS FOR GUEST	25,00	250,00	10
22700	1,0	RACHICENTESIS	11,25	11,25	10
22800	1,0	CENTRAL VENOUS CATHETER	56,25	56,25	10
22900	3,0	COVID ANTIGEN BUFFER FOR WARD ACCESS	22,50	67,50	10
23000	3,0	PREANESTHESIA EXAMINATION	132,50	397,50	10
23100	1,0	PERIPHERAL VESSEL CANNULATION	131,25	131,25	10
23200	3,0	OPERATING ROOM FIRST HALF-HOUR OR FRACTI ON THEREOF NEUROSURGERY	600,00	1.800,00	10
23300	20,0	OPERATING ROOM FOLLOWING HALF HOUR OR FR ACTION THEREOF	456,25	9.125,00	10
23400	1,0	PROSTHESIS NEUROSURGERY	4.950,66	4.950,66	10
23500	1,0	GAMMA KNIFE TREATMENT ROOM (SINGLE SESSI ON)	8.792,50	8.792,50	10
23600	1,0	RADIOTHERAPY ASSISTANCE FOR GAMMA KNIFE RADIOSURGERY	1.687,50	1.687,50	10
23700	1,0	CUSTOM DOSIMETRIC STUDY FOR GAMMA KNIFE RADIOSURGERY	945,00	945,00	10
23800	1,0	PEDIATRIC ELECTROCARDIOGRAM	52,50	52,50	10
23900	1,0	BRAIN CMC CT	393,75	393,75	10
24000	1,0	RACHICENTESIS	450,00	450,00	10
24100	2,0	INTERNAL MEDICAL VISIT - INFECTIOUS DIS EASES	132,50	265,00	10
24200	1,0	RADIOTHERAPY CONSUTANCY	132,50	132,50	10
25100	1,0	HIGH COST SANITARY EQUIPMENT	687,50	687,50	10
				68.661,67	
Cod.	Rate (%)	VAT Summary:	Taxable	VAT Amount	
V1	10,0	Description	68.661,67	6.866,17	
SO	0,0	NHS tax-exempt amount	0,00	0,00	

INVOICE NO. 1700005692

Date 03.05.2024

Customer 1071083996

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Item	Quantity	Description	Unit Price	Total Price	VAT
		Total Taxable		68.661,67	
		VAT Total		6.866,17	
		Stamp		0,00	
				<hr/>	
		Total Invoice Value (EURO)		75.527,84	
		Payment:			
		<i>Payment conditions:</i> payment at invoice sight			
		Support Bank :			
		UNICREDIT SPA Fil. Corporate Operations			
		Fil. Corporate Operations - IBAN IT33J 02008 05364 000101973905			

EXEMPT FROM STAMP OBLIGATIONS

INVOICE NO. 1700005693

Date 03.05.2024
 Customer Number 1071083996
 Internal Ref.: 4229395788

MARINOV MIHAIL ILIYANOV
 PREVEN STR. ZAHARI STOYANOR 32
 00099 BULGARIA - STP-EX

Item	Quantity	Description	Unit Price	Total Price	VAT
00100	1,0	<i>Your Ref.</i> ANESTHESIOLOGICAL NEUROSURGERY ASSISTANC E	6.750,00	6.750,00	10
				6.750,00	
Cod.	Rate (%)	VAT Summary: Description	Taxable	VAT Amount	
V1	10,0		6.750,00	675,00	
SO	0,0	NHS tax-exempt amount	0,00	0,00	
		Total Taxable		6.750,00	
		VAT Total		675,00	
		Stamp		0,00	
		Total Invoice Value (EURO)		7.425,00	
		Payment: <i>Payment conditions:</i> payment at invoice sight Support Bank : UNICREDIT SPA Fil. Corporate Operations Fil. Corporate Operations - IBAN IT33J 02008 05364 000101973905			

EXEMPT FROM STAMP OBLIGATIONS

Fattura nr. 45/2024
Data: 30/01/2024

Spettabile
MIHAIL ILIYANOV MARINOV
PREVEN STR. ZAHARI STOYANOR 32A
PC5800
BULGARIA

Descrizione	Corrispettivo
MEDICAL FEES FOR SPINE SURGERY	€ 20.000,00
	Imponibile € 20.000,00
	Totale dovuto € 20.000,00

Esenzioni IVA:

€ 20.000,00 - Non Imp. Art. 10 n. 18 DPR 633/72

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Primario e Professore Ordinario di
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www.ipofisi.com

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20121 Milano (MI)
IBAN:
IT04C0306901765100000679001
BCITITMM
mail: infoprofmortini@gmail.com

Fattura nr. 59/2024

Data: 06/02/2024

Spettabile

MIHAIL ILIYANOV MARINOV

PREVEN STR. ZAHARI STOYANOR 32A

PC5800

BULGARIA

Descrizione	Corrispettivo
MEDICAL FEES FOR RADIOSURGERY	€ 8.000,00
	Imponibile € 8.000,00
	Totale dovuto € 8.000,00

Esenzioni IVA:

€ 8.000,00 - Non Imp. Art. 10 n. 18 DPR 633/72

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