

MEMORIAL

PROFORMA INVOICE



Istanbul Bahçelievler



Istanbul Şişli



Istanbul Ataşehir



Antalya



Ankara



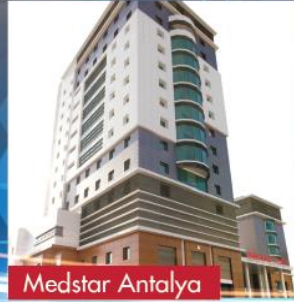
Diyarbakır



Dicle



Kayseri



Medstar Antalya



Medstar Topçular



Romanya



Date : 05.08.2024

PROFORMA INVOICE

Thank you for choosing Memorial Healthcare Group for your healthcare needs. We will be pleased to assist you during your visit to our center. You may find all the information about the requested treatment below.

GENERAL INFORMATION

| | | | |
|--------------------|-------------------------|---------------|------------------------------------------------------------------------|
| Patient Name | Georgi Georgiev Galabov | Date of Birth | |
| Hospital | Memorial Şişli | Adress | Kaptan Paşa Mah. Piyale Paşa Bulv, Okmeydanı Cd. No: 4, Şişli/İstanbul |
| Physician Name | Pfof.dr.Betül Tavil | Department | Pediatric hematology |
| Treatment Proposal | Pediatric hematology | | |

Physician's Medical Evaluation

Recommended Treatment & Estimated Cost Details

| Procedure | Department | Visit Type | Estimated Cost |
|------------------------------|-----------------------|------------|----------------|
| Examination and Chemotherapy | Pediyatric Hematoloji | Outpatient | 2 960 € |
| Blood Tests | Pediyatric Hematoloji | Outpatient | 1 X 1 000 € |
| | | | |

Treatment Informations

Patient's Passport are necessary for registration process. Previous medical records are important for the clinical evaluation hence please bring your any applicable images or documents to the appointment.

Should you need any transportation, please send the ticket & accomodation details at the latest one day prior to your arrival.

Services included in Above Diagnostic Plan

- Consultation
- Above mentioned diagnostic tests&procedures

Services not included in Above Treatment Plan

The Medical Second Opinion is not intended to replace a full medical evaluation, the exact investigation and treatment plan may be only known according to the outcomes of the initial consultations and investigations which will be done in our hospital. The exact cost of treatment will be confirmed according to the result of the investigation process.

- Charges for inpatient stays in excess of indicated days of hospital stay in ward/ ICU
- Medications, medical materials and treatments for pre-existing or non-procedure related conditions during your treatment process.
- Take-home medications and supplies.
- These cost estimations do not cover any price changes due to any complications.
- During the patient's ICU hospitalization, companion can not stay in the hospital and the accommodation fees will not be included to the package.

Specific Services for International Patients

- Airport – Hotel – Hospital Transfers (Airport transfers are done according to our vehicles availability)
- Reservation for accommodation with contracted hotels
- Interpretation service during hospital visit
- Translation of all the reports and examinations related to treatment into English & Bulgarian.

Financial Information

- This document is valid only for one month.
- All payments for medical services are expected before or on the first appointment date for self pay patients. You may either pay with a credit card, money order or bank wire the funds. During the treatment, care or recovery process, the final state of the bill will be checked within reasonable timely intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing exchange rates.
- For patients with International insurance, please contact our International Office in advance to verify.
- Any balance or credit remaining on your account after departure will be refunded or credited back to the credit card number on your account.
- All deposits are based on an estimations and we will be able to inform you of the final charges when the final bill is generated after the medical treatment completed.
- The responsibility of payment of the patient's transfer to another location by air travel or land ambulance in case of any need during or after the treatment process must be considered in advance and taken in charge by the patient/legal representative of the patient.
- 500 EURO banknotes are not accepted for the payments
- Please specify the name of the patient when you are transferring any amount to our account

| MHG-euro Account (€) | |
|-----------------------|-------------------------------------------|
| Bank Name | TÜRKİYE İŞ BANKASI |
| Bank / Branch address | KOZYATAĞI KURUMSAL/İSTANBUL |
| Bank Branch code | 1256 |
| Account Name | İSTANBUL MEMORIAL SAĞLIK YATIRIMLARI A.Ş. |
| Swift code | ISBKTRIS |
| IBAN | TR65 0006 4000 0021 2560 1104 25 |

Prepared by : Sevim Kahraman
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Mobile : + 90 545 317 53 05
Date : 05.08.2024

Stamp and Signature

İSTANBUL MEMORIAL
SAĞLIK YATIRIMLARI
ANONİM ŞİRKETİ

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"Because Your Health is Precious"

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