

## Subject: Confirmation of the Hospitalisation of Patient MARTIN YOHAN MINEV

Dear Sir/Madam, 20.07.2023

ESTIMATED TREATMENT LOCATION: ACIBADEM ALTUNIZADE HOSPITAL / ISTANBUL

PHYSICIAN: Prof. Dr. Hakan Ağır;

The approximate estimate of costs for treatment & stay in our hospital are as follows:

| ESTIMATED TREATMENT REPORT  |                         |           |
|---|-------------------------|-----------|
| Patient's Name  | MARTIN YOHAN MINEV      |           |
| Physician   | Prof. Dr. Hakan Ağır    |           |
| Treatment   | Examination             | 170 EUR   |
| Proposed  | PET/CT                  | 750 EUR   |
| _   | MRI neck +maxillofacial | 1.300 EUR |
| <b>Note:</b> Treatment plan can be changed due to patients physicial condition and we will inform you with medical report, plan will be determined after counsultations and further examinations. |                         |           |
| Total   |                         | 2.220 EUR |

This estimate is for the recommended investigations.

The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services by the senior doctors. Also the EUR pice may vary acc. to convertible rate of EUR/TL.

PLEASE CONFIRM THE ACCEPTANCE AND PAYMENT.

## **ACCOUNT DATAS ACIBADEM ALTUNIZADE HOSPITAL:**

(PLEASE SEND THE SWIFT MESSAGE TO BELOW GIVEN E-MAIL ADDRESS)
ACIBADEM SAGLIK HIZMETLERI VE TIC. A.S.
GARANTI BANKASI KOZYATAGI KURUMSAL ŞUBESI
383 –9094750
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