

Patient: Poslavskyi Dmytro
Procedure: examination
Speciality: epilepsy
Doctor: Antonio Russi
Description: Hospitalization 2 days

Date of issue: 26.08.2024
Date of Birth: 01.05.2018

	Qty	Unit price	Net
HOSPITALIZATION HOSPITAL (days):	2	787,50 €	1.575,00 €
VIDEO EEG MONITORING HIGH DENSITY HD (24 hours):	2	2.294,25 €	4.588,50 €
MEDICATIONS ON THE FLOOR (approximately)	2	52,50 €	105,00 €
MRI OF THE BRAIN WITH CONTRAST	1	945,00 €	945,00 €
Anesthesia for MRI	1	504,00 €	504,00 €
MEAL FOR THE ACCOMPANYING PERSON	2	52,50 €	105,00 €
MEDICAL CONSULTATION	1	350,00 €	350,00 €
PEDIATRIC CONTROL	1	350,00 €	350,00 €
TOTAL PREOPERATIVE EXAMINATION:			8.522,50 €

The account is valid until 01.01.2025

The cost indicated in this estimate is approximate and corresponds to the price for a standard package of services provided by the hospital for this type of procedure. However, this amount is subject to change depending on the evolution of the patient's condition and/or the need to change the type of treatment, or the use of other medical services not originally envisaged, such as blood transfusion, administration of medications, an increase in the length of stay in the intensive care unit or in the hospital. department, as well as any other type of service, treatment or surgery that the patient may require.

The estimate does not include additional examinations that may be required (except those specified in the request for a quote), as well as material for prostheses and implants, if necessary.

Consent to medical treatment by the patient or his relatives, or his representative, in the event that the patient is not legally capable, imposes an obligation to pay all amounts indicated on the invoice corresponding to the cost indicated in the estimate and additional costs that may arise from the above reasons.

Before starting medical care (treatment/surgical intervention/hospitalization/sanitary procedures), the patient must deposit the amount corresponding to EUR 8 522,5 as a deposit against the costs that may arise during the provision of medical services.

In case of agreement with the estimate and terms of payment, hand over the document signed:

Patient or his legal representative (signature and passport number)



INTERNATIONAL DEPARTMENT

When paying by bank transfer, we ask you to make a money transfer to the bank account of the Teknon Medical Center.

When translating, please indicate the patient's first and last name

Bank details:	Fiscal data:
Bank: Banco Santander SA Address: Paseo de la Castellana 144 Madrid Swift: BSCHESMMXXX IBAN: ES2500491804172510438936	IDCQ Hospitales and Sanidad, SLU Calle Zurbaran, no. 28 Madrid 28010 NIF: B-87324844

TEKNON MEDICAL CENTER, LEGAL ADDRESS: CALLE VILANA 12, 08022 BARCELONA, informs you that your personal data will be included in the general archive of organizations belonging to the QUIRÓNSALUD group (www.quironsalud.es/es/proteccion_datos), in order to improve the provision of administrative and medical services. In the event that payment for the services rendered to you is carried out by an insurance company, mutual aid society, public administration or other legal or natural person, your data may be transferred to these persons or organizations, which may be located outside the European Economic Area, in countries where the level of protection personal data is not in accordance with the accepted Spanish law, in order to review, pay bills and respond to complaints that you may submit. In the event that you refuse to transfer information about you to these persons and organizations, they may refuse to pay for the services provided to you and you will have to pay for them yourself. You have the right to access, correct, cancel and object to your data, and you can exercise these rights by writing to the Teknon Medical Center at the address above, indicating "Derechos ARCO" on the envelope, enclosing a copy of your I.D. or other identification document, and indicating which of the rights you wish to exercise.

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