

#### PROFORMA INVOICE

Please find below the estimated cost and details of the treatment

PATIENT'S NAME	Angjela Naceva			
ESTIMATED TREATMENT	Medical Park Göztepe Hospital	Neurosurgery Department		
LOCATION				
TREATING DOCTOR	Prof.Deniz Konya MD			
TREATMENT PROPOSED	Scoliosis surgery			
TREATMENT PACKAGE AND DETAILS				

- Up to 4 days of Standard Room , Nursing Service Charges,
- Doctor Fees [Surgeon, Asistant Surgeon (if necessary), Anesthesiologist]
- Operating Room Charges
- Procedure-related laboratory tests and radiology (Pre-op tests)
- Procedure-related medications
- Medical equipment and supplies necessary for the procedure
- 1 Accompanying person stay in the patient room

FCTI			CT
F211	MATE	בט ככ	151:

27.000 EUR

## The package does not include:

Charges for inpatient stays in excess of indicated days of hospital stays

Medications and treatment for pre-existing or non-procedure related conditions

Personal expenses such as phone calls, room services etc.

Take home medications and supplies

Agreed hospital rates will be applied for additional services or items not included in the package

# Additional information regarding the treatment;

✓ | Free of Charge Translating Services

Free of Charge Airport-Hotel-Hospital Transfers

Accompanying person cannot use the patient room during the ICU stay

The need for further procedures other than the foreseen treatment plan mentioned above will be evaluated upon the clinical examination and status of the patient.

## **Finance**

- 1. 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 weekly intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification...
- 2. For patients possessing International insurance, please contact your International coordinator to verify benefit eligibility and authorization for the visit when you receive this letter.
- 3. Any balance or credit remaining on your account after departure will be debited or credited backto the credit card number on file.
- 4. The responsability 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.

#### Signature:

- The above referenced costs are ESTIMATES for the foreseen treatment plan and are intended only as a guide to assist you in preplanning your visit. The actual final charges may vary from initial estimated amount.
- These cost estimations do not cover any price changes due to any complications.
- Package prices exclude pathology, attendance and special material costs.



## PROFORMA INVOICE

10.6.2024

Prices presented above as in currencies other than TL (To	urkish Lira) might vary according to the daily changing
With the document hereby, I,	anning and services policy and guarantee to make my
Last Name – First Name:	Signature:

This is the estimated cost for the recommended investigations and procedures.

The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services provided by the treating doctors. Also the USD price may vary according to the exchange rate of USD EURO/TL.

BANK ACCOUNT DETAILS: Account owner (Head Office): MLP Sağlık Hizmetleri A.Ş.

**Bank name: DENIZBANK** 

<b>BANK NAME</b>	BRANCH NAME	ACCOUNT NO	IBAN NO	SWIFT CODE
DENİZBANK	AVRUPA KURUMSAL-3390	2459657-353	TR820013400000245965700003	DENITRISXXX

MLP SAĞLIK HİZMETLERİ A.Ş.
Otakçılar Cod. Flatofis İstanbul No:78
Kat:3 D Blok No:103 EVUP / ISTANBUL
BÜYÜK MÜKEllefler V.D. 613 058 2094