

MEMORIAL

PROFORMA INVOICE



Istanbul Bahçelievler



Istanbul Şişli



Istanbul Ataşehir



Antalya



Ankara



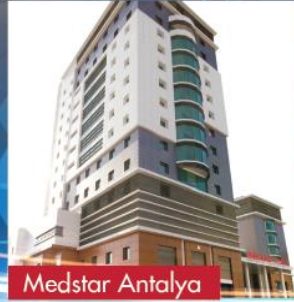
Diyarbakır



Dicle



Kayseri



Medstar Antalya



Medstar Topçular



Romanya



Date : 02.09.2024

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

Цена за радиотерапия 5-10 фракции: 3300 EUR Допълнителните разходи, които могат да възникнат по време на процедурите, не са включени в цените изложени по-горе. Гореизложените цени, са пресметнати по актуален валутен курс към днешна дата, и може да покажат различие към датата на Вашето лечение в нашата болница. Група болници "Мемориал" осигурява на своите пациенти екип от преводачи, които ще Ви съдействат по време на процедурите и безплатен превоз от/към Аерогарата или Автогарата,

Recommended Treatment & Estimated Cost Details

Procedure	Department	Visit Type	Estimated Cost
Radiation oncology 5-10 fractions	Radiation oncology	Outpatient	3300 €

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Financial Informations

- 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 : 02.09.2024

Stamp and Signature

İSTANBUL MEMORIAL
SAĞLIK YATIRIMLARI
ANONİM ŞİRKETİ

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