

Subject: Confirmation of the Hospitalisation of Patient GALINA GEORGIEVA STOYANOVA

Dear Sir/Madam,

10.09.2024

ESTIMATED TREATMENT LOCATION: ACIBADEM ATAKENT HOSPITAL / ISTANBUL

PHYSICIAN: Prof. Dr. İbrahim Yıldız;

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

ESTIMATED TREATMENT REPORT	
Patient's Name	GALINA GEORGIEVA STOYANOVA
Physician	Prof. Dr. İbrahim Yıldız;
Treatment Propose	Additional payment
Note:	Treatment plan can be changed due to patients physical condition, plan will be determined after consultations and further examinations.
Total	4.000 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 EUR/TL.

PLEASE CONFIRM THE ACCEPTANCE AND PAYMENT.

ACCOUNT DATAS ACIBADEM ATAKENT HOSPITAL:

(PLEASE SEND THE SWIFT MESSAGE TO BELOW GIVEN E-MAIL ADDRESS)

ACIBADEM SAĞLIK HİZMETLERİ VE TİC. A.Ş.

GARANTI BANKASI KOZYATAĞI KURUMSAL ŞUBESİ

383 – 9095392

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SWIFT CODE:TGBATRISXXX

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