

PROFORMA INVOICE

Please find below the estimated cost and details of the treatment

PATIENT'S NAME		Elena Cvetkova					
ESTIMATED TREATMENT		Medical Park Göztepe Hospital	Multidisciplinary				
LOCATIO							
TREATME	NT PROPOSED	Investigation as inpatient + Radiothe	Investigation as inpatient + Radiotherapy treatment as outpatient +				
		Chemotherapy treatment as outpatient					
		TREATMENT PACKAGE AN	D DETAILS				
	Consultation exa	emination					
•	Laboratory tests						
•	Radiolagy tests						
-		ed laboratory tests					
-		•					
-	op to 7 day of St	tandart Room, Nursing Service Charges,	Cultural cont. C 000 FUD				
	5 1: .: 0		Subtotal cost : 6.900 EUR				
•		ology Department Examinations					
•	30 sessions of r	radiotherapy treatment					
			Subtotal cost: 5.250 EUR				
	3 chemotherap	w sessions					
	Procedure-rela	•					
			a duna				
•	• •	nent and supplies necessary for the proc	edure				
•	Procedure-rela	ted medications					
			Subtotal cost: 2.400 EUR				
•	Genetic tests						
			Subtotal cost: 7.200 EUR				
•	30 night hotel a	accommodation	Subtotal cost: 2.000 EUR				
ESTIMATI	ED COST:	23.750 EUR					
<u>TI</u>	he package does n	ot include:					
CI	harges for inpatien	t stays in excess of indicated days of hospita	l stays				
M	ledications and tre	atment for pre-existing or non-procedure re	lated conditions				
Pe	ersonal expenses si	uch as phone calls, room services etc.					
Ta	Take home medications and supplies						
A	greed hospital rate	es will be applied for additional services or	items not included in the package				
<u>Δdditiona</u>	al information rega	rding the treatment;					
	ree of Charge Trans						
	_	ort-Hotel-Hospital Transfers					
	• .	on cannot use the patient room during the IC	îll stav				
		-	ent plan mentioned above will be evaluated upon the				
		and status of the patient.	ient plan mentioned above will be evaluated upon the				
CI	IIIICAI EXAIIIIIIALIOII	and status of the patient.					
Finance	All paymagata fa	modical convices are synapted before an are	the first appointment date for self-recognitions. Very				
1.		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..



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10.9.2024

- 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.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing

With the document hereby, I,	certify that I perfectly understand Medical Park
Hospitals Group International Patient Services treatment plann	ing and services policy and guarantee to make my
payments according to Medical Park Hospitals Group payment p	procedure.

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: DENİZBANK

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

MLP SAĞLIK HİZMETLERİ A.Ş.
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Kat:3 D Blok No:103 Eyüp İSTANBUL
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