LIV HOSPITAL ULUS PROFORMA INVOICE



W HOSPITAL

PROFORMA INVOICE

03.07.2024

Ulus Liv Hospital Ahmet Adnan Saygun Cad. Canan Sok. No: 5 Ulus - Besiktas 34340 Istanbul - Turkey

Thank you for choosing Liv Hospital 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 | ILIYAN IVANOV |
|---|---|
| Date of Birth | |
| Hospital | LÍV HOSPÍTAL ULUS |
| Physician's Name | PROD. DR ERDAL KARAÖZ |
| Physician's Details | GENETIC |
| Treatment Proposed sedation and medical follo | 2 courses injection of stem cell including 2 nights hospitalization with accompanying person free |

PHYSICIAN'S OPINION

RECOMMENDED TREATMENT & ESTIMATED COST DETAILS

Additional Information:

Treatment Information

The Medical Second Opinion is not intended to replace a full medical evaluation, the exact investigation and treatment plan may be only known according to the outcomes of the initial consultations and investigations which will be done in our hospital. The exact cost of treatment will be confirmed according to the result of the investigation process. Due to Covid-19 measurements, we take necessary precautions in our hospital to protect the visitors, the staff and the community. All patients should wear a mask during their stay at the hospital and follow the rules of Covid-19 that we have in our facility.

General Information

- Airport transfer and accommodation arrangments cost will be free of charge.
- Interpretation cost will be free of charge
- This document is valid only for one month.
- Patients' passports are necessary for the registrationprocedures
- For patients possessing International insurance, please contact ourInternationalOffice in advance to verify.

Financial information

- The above referenced costs are ESTIMATES for the consultation / test listed and are intended only as a guide to assist you in the 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.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing exchange rates.
- 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.

- Any balance or credit remaining on your account at the moment of discharge will be debited or credited back to the bank account presented or the credit card number on file.
- All deposits are based on an estimate only and we will be able to inform you of the final charges when the final bill is generated.
- The responsibility of payment of the patient's transfer to another location by air ambulance 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.

Please feel free to contact the Liv Hospital Group International Patients Services Department if you have any further questions or inquiries Contact details are mentioned below

| | Physician | | | |
|-------------------|------------|-------------|----------------|-------|
| Procedure | Department | Visit Type | Estimated Cost | Notes |
| 2 courses | GENETİC | | 28 000 EURO | |
| injection of stem | | | | |
| cell including 2 | | | | |
| nights | | | | |
| hospitalization | | | | |
| with | | | | |
| accompanying | | | | |
| person free | | | | |
| sedation and | | | | |
| medical follow | | | | |
| +4 sessions of | GENETİC | | | |
| ozone therapy | | | | |
| 6 sessions of | | | | |
| physical therapy | | | | |
| 1 dose | GENETİC | | | |
| intravenous | | | | |
| administration no | | | | |
| hospitalization | | | 22 222 5115 6 | |
| | | GRAND TOTAL | 28 000 EURO | |

MLP SAĞLIK HİZMETLERİ A.Ş. Lifus Şubesi Ahmet Adnan Sayadı Caddesi, Canan Sokak No:5 VLUS Beşiktaş - İSTANBUL Büyük Mükellefler V.D. 613 058 2094

BANK ACCOUNT INFORMATION – EURO (€)

Bank DENIZ BANK

Receiver Name

MLP Saglik Hizmetleri A.S. Ulus Şubesi
Branch Name

ANADOLU KURUMSAL / Istanbul –

Turkey

Branch code 9068
Currency EURO

IBAN No TR36 0013 4000 0024 5965 7012 19

SWIFT **DENITRIS**

