

Date: 28.02.2023

Dear Eleonora Angelova

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.

Patient's Name Eleonora Angelova

Physician	Dr. Serkan Keskin, MD
Hospital	Memorial Şişli Hospital
Treatment Proposed	Oncology

Treatment & Cost Details							
Procedure	Physician / Department	Visit Type	Cost	Notes			
Examination	Dr. Serkan Keskin, MD	Outpatient	140 €				
Blood transfucion	Dr. Serkan Keskin, MD	inpatient	450 €				
Chemotherapy and Imunotherapy treatment 7 cycle	Dr. Serkan Keskin, MD	intpatient	1 600 €				
Examination	Dr. Serkan Keskin, MD	Outpatient	140 €				

Blood transfucion	Dr. Serkan Keskin, MD	inpatient	450 €	
Chemotherapy and Imunotherapy treatment 8,9,10,11 and 12 cycle	Dr. Serkan Keskin, MD	intpatient	1 600€	5 x 1600 euro =8 000 euro
Thorax and whole abdomen tomography	Dr. Serkan Keskin, MD	Outpatient	1 200€	

MHG-TRL Account (€)		
Bank Name	TÜRKİYE İŞ BANKASI	
Bank / Branch Address	KOZYATAĞI KURUMSAL/İSTANBUL	
Bank Branch Code	1256	
Account Name	ISTANBUL MEMORIAL SAĞLIK YATIRIMLARI A.Ş.	
Swift code	ISBKTRIS	
IBAN	TR65 0006 4000 0021 2560 1104 25	

<u>Please feel free to contact the Memorial Healthcare Group International Marketing Department if you</u> have any further questions or inquiries contact <u>details</u> are mentioned below.

Sibel Nizam

Tel: +90 212 314 66 66 Fax: +90 212 314 66 43

GSM: +90 545 317 54 12

E-mail: sibel.nizam@memorial.com.tr **Don't forget to click on to follow us;**

Additional 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 itment









ded only om initial

to the

daily changing exchange rates.

- Free of charge airport transfer and we will book your hotel.
- Free of charge interpretation services.
- All payments for medical services are expected before or on the first appointment date for selfpay 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.
- > For patients possessing International insurance, please contact our International Office in advance to verify.
- 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 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.
- Patients' passports are necessary for the registration procedures.







