

Subject: Confirmation of the Hospitalisation of Patient İvo Sabchev Dimitrov

Dear Sir/Madam, 25.01.2024

ESTIMATED TREATMENT LOCATION: ACIBADEM ATAKENT HOSPITAL / ISTANBUL

PHYSICIAN: Prof. Dr. Samı Kartı; Assist. Prof. Ant Uzay;

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

| ESTIMATED TREATMENT REPORT | | |
|----------------------------|---|------------|
| Patient's Name | İvo Sabchev Dimitrov | |
| Physician | Prof. Dr. Samı Kartı; Assist. Prof. Ant Uzay; | |
| Treatment Propose | Chemotherapy (for one cure) | |
| Note: | Treatment plan can be changed due to patients physicial condition, plan will be determined after counsultations and further examinations. | |
| Total | | 20.000 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 SAGLIK HIZMETLERI VE TIC. A.S. GARANTI BANKASI KOZYATAĞI KURUMSAL ŞUBESI 383 — 9095392

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SWIFT CODE:TGBATRISXXX

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ACIBADEM SAĞLIK HİZMETLERİ VE TİCANET A.Ş.