



Hadassah University Hospital  
International Patient Department  
Private Consultation Service

Patient First Name: NIKOL  
Patient Last Name: KARAKOLEVA  
Record Number: Z-5119495  
Passport Number/Nationality: 80089

Date of Issue: 04.01.2024  
Print date: 04.01.2024

**This is to certify that the patient listed above is in need of medical services costing 72,450 USD**

Service code	Service name	Doctor's Name	Amount	Unit cost USD	Total cost in USD
999001	HOSPITALIZATION		35	2,070	72,450
<b>Total cost</b>					72,450

**This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.**

**According to the Israeli law, cash payment is limited to price offers that do not exceed 40,000 NIS, or the equivalent in foreign currency on the day of payment.**

This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days/procedures/implants.

The final price will be determined in accordance with the actual procedure that is performed.

This quote is valid for 90 days.

Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care. Costs for additional testing and/or procedures will be charged based on Hadassah's rate at the time of the treatment.

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Please note the following:

1. Please make sure to bring your passport which is mandatory for registration.
2. Additional hospitalization days will be charged at the rate of **2,070.00 USD** per day.
3. Any days requiring hospitalization in the ICU (Intensive Care Unit) will be charged in addition to the charge in section 2 at the rate of **3686.00 USD** per day
4. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.

**C. Payment:**

Full payment of **72,450 USD** is required prior to the initial treatment.

For your convenience, a bank transfer can be mad

e to the Hadassah Medical Organization account. (Please keep in mind that it takes approximately 3-5 business days to credit the hospital's account).

Payment should be made payable to:

**Hadassah Medical organization- swift code POALILITXXX,**

**Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.**

**IBAN CODE: IL410124360000000025000**

**Account Number 25000**

Please send a copy of your bank transfer (swift) to: [International @hadassah.org.il](mailto:International@hadassah.org.il)

Please do not hesitate to contact us if you require any additional information or assistance via mail to [bid@hadassah.org.il](mailto:bid@hadassah.org.il)

Sincerely,  
International Patient Department

*Hadassah University Medical Center*



**INTERNATIONAL  
PATIENT  
DEPARTMENT**

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