

# Medical Enquiry

International Patient Center



Date: 28.08.2023

## Patient's Information

Name and Surname: STOYANKA KOSTOVA

## Treatment Suggestion

Specialist: Tahsin ÖZATLI, M.D

Specialty: ONCOLOGY

Thank you for your placing trust in Istinye University Hospital Bahcesehir. After thorough reviewing the given medical information provided, please find our specialist's opinion as follows:

\*\*\* Kindly understand that this recommendation is based on the medical information provided without the actual clinical assessment. Therefore, the definite treatment will depend on the investigation findings and evaluation and all concern will be discussed by our specialists in person at Istinye University Hospital Bahcesehir.

\*\*\* Definitive treatment plan will be discussed in detail after actual re-evaluation by our specialists at Istinye University Hospital Bahcesehir.

**It is necessary to bring all previous medical reports, laboratory results, and any actual imaging studies and pertinent films for review and compariso**

## Procedure

**Examination 100 EURO**  
**Port catheter 2.000 EURO**  
**Pet CT 650 EURO**  
**Blood tests 1.500 EURO**  
**4 sessions of chemotherapy 2.600 EURO**

\* If further treatment/investigation is required or any complication arises, the length of stay may be extended.

## Cost Estimates

PRELIMINARY COST

6.850 EURO

**The package does not include:**

- Charges for inpatient stays in excess of indicated days of hospital stays
- Medications and treatment for pre-existing or non-procedure related conditions  Personal expenses such as phone calls, room services etc.
- Take home medications and supplies

Agreed hospital rates will be applied for additional services or items not included into the package

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\* Estimated costs are provided exclusively to assist the patient in understanding the possible range of costs and are based on the medical information previously provided by the patient. Estimates for care will be provided after the patient has been examined by our physician(s).

\* Please be notified that estimated cost is subject to change without prior notice.

\* Cost of definitive treatment can be provided after actual re-evaluation which has yet to be performed.

## Additional Information

- Free of Charge Translating Services
- Free of Charge Airport-Hotel-Hospital Transfers

## Finances

1. 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 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..
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 back to the credit card number on file.
4. 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.

### 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 STOYANKA KOSTOVA** certify that I perfectly understand **ISTİNYE UNIVERSITY HOSPITAL** Group International Patient Services treatment planning and services policy and guarantee to make my payments according to **ISTİNYE UNIVERSITY HOSPITAL** payment procedure.

Last Name – First Name:

Signature:

## Bank Details

### BANK ACCOUNT NAME:

İSTİNYE ÜNİVERSİTESİ SAĞLIK UYGULAMA VE ARAŞTIRMA MERKEZİ

**BANK NAME:** DENİZBANK

**BRANCH NAME AND CODE:** AVRUPA KURUMSAL

**BANK ACCOUNT NUMBER FOR EUR:**

12694098-357

**IBAN NUMBER FOR EUR:**

TR97 0013 4000 0126 9409 8000 15

**SWIFT CODE:** DENITRISXXX

İSTİNYE ÜNİVERSİTESİ SAĞLIK  
UYGULAMA VE ARAŞTIRMA MERKEZİ  
Aşık Veysel Mahallesi  
Süleyman Çelebi Cad. No:1  
Esenyurt - İstanbul  
Bağcıbaşı V.D. 481 061 1602