

PROFORMA INVOICE

Please find below the estimated cost and details of the treatment

PATIENT'S NAME	Krasimira Krasteva	
ESTIMATED TREATMENT LOCATION	Medical Park Florya	Pediatric Intensive care unit
TREATING DOCTOR	Assoc.Prof.Ferhat Sari,MD	
TREATMENT PROPOSED	Hospitalization	
TREATMENT PACKAGE AND DETAILS		
	<ul style="list-style-type: none"> • Doctor Fees [Surgeon, Asistant Surgeon (if necessary), Anesthesiologist] • Operating Room Charges • Procedure-related laboratory tests and radiology • Medical equipment and supplies necessary for the procedure • Procedure-related medications • 3(31.12.2023-02.01.024) days of Standard Room, Nursing Service Charges, Service Charges • 1 ccompanying person stay in the patient room 	
ESTIMATED COST:	1500 Euro	
	<u>The package does not include:</u>	
	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 in the package	
	<u>Additional information regarding the treatment;</u>	
✓	Free of Charge Translating Services Free of Charge Airport-Hotel-Hospital Transfers Accompanying person cannot use the patient room during the ICU stay The need for further procedures other than the foreseen treatment plan mentioned above will be evaluated upon the clinical examination and status of the patient.	
<u>Finance</u>		

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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:

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- 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, certify that I perfectly understand Medical Park Hospitals Group International Patient Services treatment planning and services policy and guarantee to make my payments according to Medical Park Hospitals Group payment procedure.

Last Name–First Name:

Signature:

This is the estimated cost for the recommended investigations and procedures.
The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services provided by the treating doctors. Also the USD price may vary according to the exchange rate of USD EURO/TL.

Received Name: İSTANBUL AYDIN ÜNİVERSİTESİ (tıp fakültesi) yazılmalı

Bank: Garanti Bankası

Branch Name: Bakırköy Ticari

Account EURO: TR35 0006 2001 6740 0009 0749 95

Account USD : TR62 0006 2001 6740 0009 0749 94

SWIFT code: TGBATRISXXX

MLP SAĞLIK HİZMETLERİ A.Ş.

Otaçkılar Cad. Flotalis İstanbul No:78

Kat:3 D Blok No:103 Eyüp / İSTANBUL

Büyük Mükellefler V.D. 613 058 2094