

Tel Aviv Medical Center Research and Development Fund and Health Services Registered association 580007102

MEDICAL TOURISM

מאגיד הבריאות ליד המרכז הרפואי תל-אביב (ע"ר) מספר עמותה 580007102 משרות מרפא

Date: 13/12/22

Cost estimation NO: 42645-02

Patient Name: DIMITAR DIMITROV KARARADEV

Patient No.: 4740804

The estimated cost of this evaluation\ treatment is: 37,933.15 EURO as follows:

#	Description of services	Quantity	EURO
1	Inpatient hospitalization, per day, up to 3 days		
2	Inpatient hospitalization, per day, for fourth day or longer.	3.00	5,744.75
3	Blood and laboratory tests	18.00	29,978.45
		4.00	2,209.94
Sum			37,933.15

^{**} Based on cash exchange rate 3.62

The above mentioned medical evaluation and treatment, cost and length of stay are according to the b our abilities. They do not cover unexpected medical complications, medications, devices and services purchased outside the hospital and any additional expenses, e.g., accommodation, extras, transportation, etc., neither for the patient and nor for the accompanying person. The Medical Center is entitled to ch or not to perform the suggested medical treatment and this according to the actual medical condition o patient at the time of arrival.

It is of paramount importance that all available original clinical, laboratory (especially pathological and hematological slides) and imaging data (X-rays, CT-scans, US-pictures) should be brought to us together w

The cost estimate above will be valid for 3 months.

In order to be registered and to open a medical file at the medical center please send us the follow

- Photocopy of your valid passport.
- Signatures on this offer, returned by fax to: 972-3-6974594. 2.
- Official bank transfer request/ receipt for the advance payment to:

Bank Hapoalim, Beit Asia Weizman st. 4, Tel-Aviv, Israel

Bank Code:12 Branch No: 567

Printed by: SHIRLYS

Date: 01/02/23

Page 1

From 2



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תאגיד הבריאות ליד המרכז הרפואי תל-אביב (ע"ר) מספר עמותה 580007102

תיירות מרפא

Account No: 130533

"Tel Aviv Medical Center Research And Development Fund And Health Services"

SWIFT code: poalilit

IBAN no: IL29-0125-6700-0000-0130-533

Please bring a credit card with you as a deposit regardless of the manner of payment (payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

Sincerely
SHIRLX DEH
Medical fourism

Patient's name

Signature

Date

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Page 2

From 2