



MEDICAL TOURISM

Date: 01/02/23

Cost estimation NO: 42645-03

Patient Name: DIMITAR DIMITROV KARARADEV

Patient No.: 4740804

The estimated cost of this evaluation\ treatment is: 40,318.88 EURO as follows:

#	Description of services	Quantity	EURO
1	Inpatient hospitalization, per day, up to 3 days .	4.00	7,442.55
2	Inpatient hospitalization, per day, for fourth day or longer .	19.00	30,748.67
3	Blood and laboratory tests	4.00	2,127.66
Sum			40,318.88

** Based on cash exchange rate 3.76

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 patient.

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

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. 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



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

MEDICAL TOURISM

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,
SHIRLY SADEH
Medical Tourism

Medical Tourism
Tel Aviv Medical Center
580007102

Patient's name

Signature

Date