

PROFORMA INVOICE

13.04.2022

TREATMENT LOCATION: LIV VADISTANBUL HOSPITAL DOCTOR: Prof. MD. HASAN TAŞCI,Prof. MD.VOLKAN TUGCU

BRANCH: Organ Transplantation Depertment

The approximate estimate of costs for treatment & stay in our hospital are as follows:

	ESTIMATED TREATMENT REPORT
Patient's Name	Milena Pepova Vasileva
Treatment proposed	Cross kidney transplantation from living donor
	Donor and Recipient Tests
	 Cross Kidney transplantation from living donor
Treatment Package	 Doctor Fees [Surgeon, Assistant Surgeon (if necessary), Anesthesiologist]
	Operating Room Charges
	 15 days of Standard Room Hospitalization, 3 days of ICU hospitalization for the recipient
	Nursing Service Charges, Service Charges
	• 7 days of Standard Room Hospitalization and 3 day of ICU hospitalization for the donor
	• 3 sessions of Hemodialis
	• 4 sessions of Plasmapheresis
	Nursing Service Charges, Service Charges
	Procedure-related laboratory tests and radiology (Pre-op tests)
	Medical equipment and supplies necessary for the procedure
	Procedure-rel ated medications
	2 weeks stay in a hotel
	Note: the cost for investigation for patient and donar in order to check the compatibiliti is 5000 EURO. If the patient and donor are suitable for cross kidney transplantation: then 5000 EURO fee will be included in 30 000 EURO.
	Any other procedure: tests or advanced investigations, consultations or special medicines will be extra invoised.
	If the patient needs extra standart room hospitalization: the cost for 1 day is 600 EURO (including bed, follow up, routine blood tests



If the patient needs extra ICU (Intensive Care Unit) hospitalization, the cost for 1 day is 1300 EURO (including bed, follow up, monitorization at ICU)

TOTAL COST 30 000 EURO

Note: The package does not include:

The above mentioned price is not evidence & given estimate may vary significantly due to a change in the actual surgical procedure (by today's currency). The cost estimations are not including the unexpected situations and unplanned situations. Please note that the exact type of treatment will be defined after the first consultations and investigations

- Charges for inpatient stays in excess of indicated days of hospital stay
- 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.

Reciever Name: Samsun Medikal Grup Özel Sağlık Hizmetleri A.Ş.

Vadi Branch

Bank : DENİZ BANK -

Branch Name: AVRUPA KURUMSAL / Istanbul - Turkey

Branch code : 3390 Currency : EURO

IBAN No. : TR88 0013 4000 0033 4739 9000 75

SWIFT : DENITRIS

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