

Milan, 21/11/2023
Protocol 6625/23/ARS/AZ/tv

To the kind attention
MARINOV MIHAIL ILYANOV family

In reference of the medical hospitalization of 10 July 2023, after an administrative check that which highlighted an error in the billing phase, we transmit:

- Credit note nr. 1700014825 for the invoice nr. 1700010846
- Credit note nr. 1700014826 for the invoice nr. 1700010845
- New invoice no. 1700014985 equal to € 41.179,80
- New invoice no. 1700014986 equal to € 5.940,00

The balance to be paid by you is equal to **€ 1.923,09**.

This amount can be settled by bank transfer made out to the following:

IBAN (Coordinate Bancarie Europee): IT33 J 02008 05364 000101973905
IBAN (Coordinate Bancarie Internazionali): BIC CODE UNCRITMMORR
Intestazione: OSPEDALE SAN RAFFAELE S.R.L. Via Olgettina, 60 - 20132 Milano
C.F. e P.IVA: 07636600962
Causal payment: Protocol payment 6625/23/ARS/AZ/tv

Please note that by proceeding with the balance indicated above the invoice is considered received

We are at your disposal for any further clarification.
Best regards.

Ospedale San Raffaele S.r.l.
Via Olgettina 60, 20132 Milano
Area Amministrativa Ricoveri Solventi
tel. 02.26432800
fax 02.26437757
@ - info.ricoverisolventi@hsr.it

Ospedale San Raffaele S.r.l.
Istituto di Ricovero e Cura a Carattere Scientifico

Via Olgettina 60 – 20132 Milano (MI) | Tel. +39 02.26431 | info@hsr.it
C.F., P.IVA e Reg. Imp. Milano 07636600962 – C.C.I.A.A. 1972938
Capitale Sociale € 60.817.200 i.v.

www.hsr.it

Sistema Sanitario  Regione
Lombardia

 **UniSR**
Università Vita-Salute
San Raffaele

Credit note No. 1700014825

Reverse invoice No.1700010846 del 11.08.2023

Date 18.11.2023

Customer Number 1071083996

Internal Ref.: 4228371655

MARINOV MIHAIL ILIYANOV
PREVEN STR. ZAHARI STOYANOR 32
00099 BULGARIA - STP-EX

Item	Quantity	Description	Unit Price	Total Price	VAT
		<i>Your Ref.</i>			
	4,0	PHYSIOTHERAPY REHABILITATION	112,50	450,00	10
	3,0	RIABILITAZIONE FISIOTERAPICA GIORNALIERA	112,50	337,50	10
	2,0	RIABILITAZIONE FISIOTERAPICA GIORNALIERA	112,50	225,00	10
	2,0	otolaryngologist VISIT	132,50	265,00	10
	2,0	COVID ANTIGEN BUFFER FOR WARD ACCESS	22,50	45,00	10
	2,0	HISTOLOGICAL EXAMINATION FOR EXTEMPORANEOUS DIAGNOSIS (1 SAMPLE)	187,50	375,00	10
	2,0	CHEST XR (1 PROJECTION)	96,25	192,50	10
	7,0	PROTEIN C REACTIVE	16,30	114,10	10
	3,0	CEREBRO-SPINAL FLUID	19,28	57,84	10
	3,0	MICROSCOPIC AND CULTURE EXAMINATION OF CEREBROSPINAL LIQUID	31,11	93,33	10
	7,0	EMOCROMOCYTOMETRIC EXAM	17,09	119,63	10
	2,0	BRAIN CMC CT	286,25	572,50	10
	2,0	S-PROTEIN ELECTROPHORESIS	27,41	54,82	10
	4,0	S-ALANINE aminotransferase	11,88	47,52	10
	8,0	PARTIAL THROMBOPLASTIN TIME	13,35	106,80	10
	4,0	S-ASPARTATO AMINO transferase	11,88	47,52	10
	4,0	TOTAL AND FRACTIONAL S-BILIRUBIN	11,88	47,52	10
	11,0	S-TOTAL CALCIUM	13,35	146,85	10
	4,0	S-CHOLINESTERASE	14,08	56,32	10
	10,0	S-CREATINE KINASE	14,08	140,80	10
	7,0	S-CREATININE	13,35	93,45	10
	5,0	COMPLETE BLOOD COUNT EXAMINATION + DIFFERENTIAL	17,79	88,95	10
	4,0	S-gammaglutamil TRANSFERASE	14,08	56,32	10
	4,0	S-GLUCOSE	11,88	47,52	10
	12,0	POTASSIUM	11,88	142,56	10
	12,0	S-SODIUM	12,59	151,08	10
	8,0	PROTHROMBIN TIME	13,35	106,80	10
	4,0	S-TOTAL PROTEIN	11,88	47,52	10
	6,0	S-UREA	11,88	71,28	10

Credit note No. 1700014825

Reverse invoice No.1700010846 del 11.08.2023

Date 18.11.2023

Customer 1071083996

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Item	Quantity	Description	Unit Price	Total Price	VAT
00200	1,0	TYPE AND GROUP	36,00	36,00	10
01900	1,0	INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING RING	900,00	900,00	10
02800	1,0	CULTURE EXAMINATION OF ANAL BUFFER (CIO)	40,03	40,03	10
08100	1,0	LARYNGOSCOPY	307,50	307,50	10
08200	1,0	VISIT FOR SPEECH ASSESSMENT	132,50	132,50	10
08400	11,0	PHYSIOTHERAPY REHABILITATION	112,50	1.237,50	10
13400	7,0	PHYSIOTHERAPY REHABILITATION	112,50	787,50	10
13500	15,0	SURGICAL MATERIALS HIGHLY COMPLEX SURGERY (PER DAY IN HOSPITAL)	50,00	750,00	10
13600	30,0	MEALS FOR GUEST	25,00	750,00	10
13700	1,0	DAILY HOSPITALIZATION FEE FOR NEUROSURGERY	500,00	500,00	10
13800	6,0	DAILY HOSPITALIZATION FEE NEUROSURGICAL INTENSIVE CARE	500,00	3.000,00	10
13900	20,0	DAILY HOSPITALIZATION FEE FOR NEUROSURGERY	500,00	10.000,00	10
14000	2,0	PREANESTHESIA EXAMINATION	132,50	265,00	10
14100	1,0	OPERATING ROOM FIRST HALF-HOUR OR FRACTION THEREOF NEUROSURGERY	600,00	600,00	10
14200	16,0	OPERATING ROOM FOLLOWING HALF HOUR OR FRACTION THEREOF	456,25	7.300,00	10
14300	1,0	HISTOLOGICAL EXAMINATION	975,00	975,00	10
14500	1,0	PROSTHESIS NEUROSURGERY	364,00	364,00	10
14600	1,0	PEDIATRIC ELECTROCARDIOGRAM	52,50	52,50	10
15000	1,0	PERIPHERAL VESSEL CANNULATION	131,25	131,25	10
15100	1,0	CENTRAL VENOUS CATHETER	56,25	56,25	10
15200	1,0	DRUGS	322,63	322,63	10
15400	1,0	VISIT FOR SPEECH ASSESSMENT	132,50	132,50	10
15500	1,0	RIABILITAZIONE FISIOTERAPICA GIORNALIERA	112,50	112,50	10
16500	2,0	CONSULTATION FOR WOUND CARE	132,50	265,00	10
16700	1,0	BLOOD CULTURE FOR ANAEROBIC	54,10	54,10	10
16800	1,0	BLOOD CULTURE FOR AEROBIC	54,10	54,10	10
16900	1,0	BRAIN STANDARD CMC gadolinium MR	902,50	902,50	10
17000	1,0	AEROBICALLY MICROSCOPIC AND CULTURE EXAMINATION OF PUS FROM ABSCESS	40,03	40,03	10
17600	1,0	Midstream Urinoculture	24,75	24,75	10
17700	1,0	HISTOLOGICAL EXAMINATION OF RADICAL ORGAN DISSECTION	975,00	975,00	10

Credit note No. 1700014826

Reverse invoice No.1700010845 del 11.08.2023

Date 18.11.2023

Customer Number 1071083996

Internal Ref.: 4228371656

MARINOV MIHAIL ILIYANOV
PREVEN STR. ZAHARI STOYANOR 32
00099 BULGARIA - STP-EX

Item	Quantity	Description	Unit Price	Total Price	VAT
00100	1,0	Your Ref. NEUROSURGERY	5.400,00	5.400,00 <hr/> 5.400,00	10
Cod.	Rate (%)	VAT Summary: Description	Taxable	VAT Amount	
V1	10,0		5.400,00	540,00	
SO	0,0	NHS tax-exempt amount	0,00	0,00	
		Total Taxable		5.400,00	
		VAT Total		540,00	
		Stamp		0,00	
		Total Invoice Value (EURO)		<hr/> 5.940,00	
		Payment:			
		<i>Payment conditions:</i> payment at invoice sight			
		Support Bank :			
		UNICREDIT SPA Fil. Corporate Operations			
		Fil. Corporate Operations - IBAN IT33J 02008 05364 000101973905			

EXEMPT FROM STAMP OBLIGATIONS

INVOICE NO. 1700014985

Date 21.11.2023

Customer Number 1071083996

Internal Ref.: 4228390583

MARINOV MIHAIL ILIYANOV
PREVEN STR. ZAHARI STOYANOR 32
00099 BULGARIA - STP-EX

Item	Quantity	Description	Unit Price	Total Price	VAT
		<i>Your Ref.</i>			
	7,0	PROTEIN C REACTIVE	16,30	114,10	10
	3,0	CEREBRO-SPINAL FLUID	19,28	57,84	10
	3,0	MICROSCOPIC AND CULTURE EXAMINATION OF C EREBROSPINAL LIQUID	31,11	93,33	10
	7,0	EMOCROMOCYTOMETRIC EXAM	17,09	119,63	10
	2,0	S-PROTEIN ELECTROPHORESIS	27,41	54,82	10
	4,0	S-ALANINE aminotransferase	11,88	47,52	10
	8,0	PARTIAL THROMBOPLASTIN TIME	13,35	106,80	10
	4,0	S-ASPARTATO AMINO transferase	11,88	47,52	10
	4,0	TOTAL AND FRACTIONAL S-BILIRUBIN	11,88	47,52	10
	11,0	S-TOTAL CALCIUM	13,35	146,85	10
	4,0	S-CHOLINESTERASE	14,08	56,32	10
	10,0	S-CREATINE KINASE	14,08	140,80	10
	7,0	S-CREATININE	13,35	93,45	10
	5,0	COMPLETE BLOOD COUNT EXAMINATION + DIFFE RENTIAL	17,79	88,95	10
	4,0	S-gammaglutamil TRANSF	14,08	56,32	10
	4,0	S-GLUCOSE	11,88	47,52	10
	12,0	POTASSIUM	11,88	142,56	10
	12,0	S-SODIUM	12,59	151,08	10
	8,0	PROTHROMBIN TIME	13,35	106,80	10
	4,0	S-TOTAL PROTEIN	11,88	47,52	10
	6,0	S-UREA	11,88	71,28	10
00200	1,0	TYPE AND GROUP	36,00	36,00	10
01900	1,0	INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITO RING	900,00	900,00	10
02000	2,0	BRAIN CMC CT	286,25	572,50	10
02800	1,0	CULTURE EXAMINATION OF ANAL BUFFER (CIO)	40,03	40,03	10
05000	2,0	CHEST XR (1 PROJECTION)	96,25	192,50	10
08000	1,0	LARYNGOSCOPY	307,50	307,50	10
08100	2,0	VISIT FOR SPEECH ASSESSMENT	132,50	265,00	10
08200	18,0	PHYSIOTHERAPY REHABILITATION	112,50	2.025,00	10

INVOICE NO. 1700014985

Date 21.11.2023

Customer 1071083996

Pag. 2

Item	Quantity	Description	Unit Price	Total Price	VAT
13200	27,0	SURGICAL MATERIALS HIGHLY COMPLEX SURGERY (PER DAY IN HOSPITAL)	50,00	1.350,00	10
13300	30,0	MEALS FOR GUEST	25,00	750,00	10
13400	1,0	DAILY HOSPITALIZATION FEE FOR NEUROSURGERY	500,00	500,00	10
13500	6,0	DAILY HOSPITALIZATION FEE NEUROSURGICAL INTENSIVE CARE	500,00	3.000,00	10
13600	11,0	DAILY HOSPITALIZATION FEE FOR NEUROSURGERY	500,00	5.500,00	10
13700	2,0	PREANESTHESIA EXAMINATION	132,50	265,00	10
13800	1,0	OPERATING ROOM FIRST HALF-HOUR OR FRACTION THEREOF NEUROSURGERY	600,00	600,00	10
13900	16,0	OPERATING ROOM FOLLOWING HALF HOUR OR FRACTION THEREOF	456,25	7.300,00	10
14000	1,0	HISTOLOGICAL EXAMINATION	975,00	975,00	10
14100	1,0	HISTOLOGICAL EXAMINATION FOR EXTEMPORANEOUS DIAGNOSIS (1 SAMPLE)	187,50	187,50	10
14200	1,0	PROSTHESIS NEUROSURGERY	294,20	294,20	10
14300	1,0	PEDIATRIC ELECTROCARDIOGRAM	52,50	52,50	10
14400	1,0	COVID ANTIGEN BUFFER FOR WARD ACCESS	22,50	22,50	10
14500	1,0	PERIPHERAL VESSEL CANNULATION	131,25	131,25	10
14600	1,0	CENTRAL VENOUS CATHETER	56,25	56,25	10
14700	1,0	DRUGS	1.160,69	1.160,69	10
14800	2,0	otolaryngologist VISIT	132,50	265,00	10
14900	7,0	PHYSIOTHERAPY REHABILITATION	112,50	787,50	10
15100	1,0	BLOOD CULTURE FOR ANAEROBIC	54,10	54,10	10
15200	1,0	BLOOD CULTURE FOR AEROBIC	54,10	54,10	10
15300	1,0	BRAIN STANDARD CMC gadolinium MR	902,50	902,50	10
15400	1,0	AEROBICALLY MICROSCOPIC AND CULTURE EXAMINATION OF PUS FROM ABSCESS	40,03	40,03	10
16000	1,0	Midstream Urinoculture	24,75	24,75	10
16100	9,0	DAILY RATE FOR COGNITIVE DISORDERS REHABILITATION	500,00	4.500,00	10
16200	7,0	NEUROLOGICAL MEDICAL ASSISTANCE	276,25	1.933,75	10
16300	2,0	NEUROLOGICAL MEDICAL ASSISTANCE	276,25	552,50	10
				37.436,18	

INVOICE NO. 1700014985

Date 21.11.2023

Customer 1071083996

Pag. 3

Item	Quantity	Description	Unit Price	Total Price	VAT
VAT Summary:					
Cod.	Rate (%)	Description	Taxable	VAT Amount	
V1	10,0		37.436,18	3.743,62	
SO	0,0	NHS tax-exempt amount	0,00	0,00	
Total Taxable				37.436,18	
VAT Total				3.743,62	
Stamp				0,00	
Total Invoice Value (EURO)				41.179,80	
Payment:					
<i>Payment conditions:</i> payment at invoice sight					
Support Bank :					
UNICREDIT SPA Fil. Corporate Operations					
Fil. Corporate Operations - IBAN IT33J 02008 05364 000101973905					

EXEMPT FROM STAMP OBLIGATIONS

INVOICE NO. 1700014986

Date 21.11.2023
 Customer Number 1071083996
 Internal Ref.: 4228390584

MARINOV MIHAIL ILIYANOV
 PREVEN STR. ZAHARI STOYANOR 32
 00099 BULGARIA - STP-EX

Item	Quantity	Description	Unit Price	Total Price	VAT
00100	1,0	Your Ref. NEUROSURGERY	5.400,00	5.400,00 <hr/> 5.400,00	10
Cod.	Rate (%)	VAT Summary: Description	Taxable	VAT Amount	
V1	10,0		5.400,00	540,00	
SO	0,0	NHS tax-exempt amount	0,00	0,00	
		Total Taxable		5.400,00	
		VAT Total		540,00	
		Stamp		0,00	
		Total Invoice Value (EURO)		<hr/> 5.940,00	
		Payment: Payment conditions: payment at invoice sight			
		Support Bank : UNICREDIT SPA Fil. Corporate Operations Fil. Corporate Operations - IBAN IT33J 02008 05364 000101973905			

EXEMPT FROM STAMP OBLIGATIONS