\land C I B \land D E M

Subject:Confirmation of the Hospitalisation of Patient Kostadin Stefanov Bozukov

Dear Sir/Madam,

2.02.2024

ESTIMATED TREATMENT LOCATION: ACIBADEM MASLAK HOSPITAL / ISTANBUL PHYSICIAN: Prof. Dr. Funda Çorapçıoğlu; approximate estimate of costs for treatment & stay in our hospital are as follows:

ESTIMATED TREATMENT REPORT		
Patient's Name	Kostadin Stefanov Bozukov	
Physician	Prof. Dr. Funda Çorapçıoğlu;	
Treatment Proposed	Additional payment	
Note:	*Treatment plan can be changed due to patients physicial condition, plan will be determined after consultation and results.	
Total		1.600 EUR

This estimate is for the recommended investigations.

The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services by the senior doctors. Also the EUR pice may vary acc. to convertible rate EUR/TL.

PLEASE CONFIRM THE ACCEPTANCE AND PAYMENT.

ACCOUNT DATAS ACIBADEM MASLAK HOSPITAL:

(PLEASE SEND THE SWIFT MESSAGE TO BELOW GIVEN E-MAIL ADDRESS) ACIBADEM SAGLIK HIZMETLERI VE TIC. A.S. GARANTI BANKASI İSTİNYE PARK ŞUBESI 383– 9094549 IBAN: TR24 0006 2000 3830 0009 0945 49 SWIFT CODE:TGBATRISXXX

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ACIBADEM SAĞLIK HİZMETLERİ VE TİCANET A.Ş.