

# Liver Transplantation Center

Pt. Veselina Lyubomirova Atanasova



Quality



State - of - the - art - technology



Hospitality

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 Florence  
Healthcare

### PROFORMA INVOICE

Name of the patient	Veselina Lyubomirova Atansasova
Diagnosis / treatment required	Hospitalization at the liver transplantation ward for 3 days, daily doctor follow up, catheter insertion, routine blood tests
Doctor / team	Prof. Dr. Yıldıray Yüzer
Length of stay	<ul style="list-style-type: none"> <li>3 days hospitalization at the ward</li> </ul>
Cost of the treatment (estimated)	<ul style="list-style-type: none"> <li><b>5.000 EURO</b></li> </ul>
The above mentioned cost of the treatment includes	<ul style="list-style-type: none"> <li>Patient care / nursing services</li> </ul>
Exclusions	<ul style="list-style-type: none"> <li>Extra medications, and/or medical equipment's, any additional interventional procedures, tests and/or surgeries</li> <li>Additional consultations of other doctors / specialists</li> <li>Any complications and prolonged hospitalization</li> <li>Accommodation outside the hospital</li> </ul>
Facilities for patients	<ul style="list-style-type: none"> <li>Transportation airport – hotel – hospital (If a transport by an ambulance is necessary, costs will be carried out by the patient)</li> <li>Arrangement of all appointments and procedures</li> <li>Arrangement of the interpretation services</li> <li>Arrangement of hotel / residence if needed (The accommodation cost will be carried out by the patient)</li> <li>Hospital stay, meals (breakfast, lunch and dinner), TV with international channels, free WI-FI, air condition and en suite bathroom</li> <li>One accompanying person can also accommodate during the hospital stay, which is included in the cost.</li> </ul>
Notes	It is advised that you bring all previously performed test and investigation results, as well as the radiological images to the initial doctor consultation and inform us prior to the arrival date about any medication use.

**NOTE: The above mentioned treatment plan has been determined according to the current provided information and kindly be informed that prices may vary after the reevaluation of the patient at the GFNH in case of additional medication, extended hospitalization, interventional procedures, tests and/or surgeries needed. Anything beyond the package stay will be charged extra and as per the actual.**

Date: 20.02.2024

Thank you for choosing Group Florence Nightingale Hospitals for your healthcare needs. We will be pleased to assist you during your visit to Group Florence Nightingale Hospitals and ensure that you receive the highest level of care at all times. Vital information and hospital policies for your requested medical services are outlined below.

**Appointment Information**

- Our team will assist with transportation and accommodation arrangements. Our transportation services from and to the airport are free-of-charge for our patients. We also have special rates for patients of Group Florence Nightingale Hospitals at nearby hotels. Please let us know ahead of time for any assistance requirements.
- The signed copy of this payment information sheet form should be returned to our office in order to confirm the appointment(s).
- Bring copies of your passport, medical records (accepted in English or Turkish only) and any relevant image diagnostics to the appointment.
- Please arrive at the hospital 1 hour prior to your appointment time to complete the necessary registration process.
- Notice of appointment cancellations must be provided at least 2 days prior to the appointment date or 4 days prior to a surgery or admission date.

**Financial Information**

- Payment(s) for medical services must be issued beforehand i.e. by admission date/time of first appointment.
- The half of the inpatient treatment costs must be paid before the arrival to the hospital via bank transaction
- Transaction with electronic bank wire is expected in advance.
- Expenses for medical services rendered will be checked at regular intervals during treatment, care and/or recovery to verify if any extra costs occur beyond the given estimations; patients will be informed accordingly and asked to settle dues.

**Bank Account Details**

GARANTİ BANKASI MECİDİYEKOY TICARI SUBESİ – Currency USD

Account Name	İSTANBUL FLORENCE NIGHTINGALE HASTANESİ A.Ş
IBAN	TR48 0006 2000 1190 0009 0818 57
SWIFT	TGBATRISXXX

GARANTİ BANKASI MECİDİYEKOY TICARI SUBESİ – Currency EURO

Account Name	İSTANBUL FLORENCE NIGHTINGALE HASTANESİ A.Ş
IBAN	TR75 0006 2000 1190 0009 0818 56
SWIFT	TGBATRISXXX

I,....., hereby with certify that I perfectly understand and abide to Group Florence Nightingale Hospitals’ treatment planning and service policies, and guarantee to make the payments according to Group Florence Nightingale Hospitals’ payment procedures.

**Patient’s Name, Surname:**

**Date:**

**Signature:**

İSTANBUL FLORENCE NIGHTINGALE  
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