

PROFORMA INVOICE

Date: **27.07.2023**

Dear **PETRANKA GEORGIEVA GEORGIEVA**

Thank you for choosing Memorial Healthcare Group for your healthcare needs. We will be pleased to assist you during your visit to our center. You may find all the information about the requested treatment below.

Patient's Name **PETRANKA GEORGIEVA GEORGIEVA**

Physician	Prof. Dr. Betül Tavail, MD
Hospital	Memorial Şişli Hospital
Treatment Proposed	Pediatric Hematology

Treatment & Cost Details

Procedure	Physician / Department	Visit Type	Cost	Notes
Admission to the pediatric hematology department	Prof. Dr. Betül Tavail, MD	Inpatient	40 000 €	33 days hospitalization, Medical Treatment, Flow cytometry, Blood tests, Genetic tests, 3 times bone marrow aspiration, Chemotherapy, one accompanied

MHG-TRL Account (€)	
Bank Name	TÜRKİYE İŞ BANKASI
Bank / Branch Address	KOZYATAĞI KURUMSAL/İSTANBUL
Bank Branch Code	1256
Account Name	ISTANBUL MEMORIAL SAĞLIK YATIRIMLARI A.Ş.
Swift code	ISBKTRIS
IBAN	TR65 0006 4000 0021 2560 1104 25

ISTANBUL MEMORIAL
SAĞLIK YATIRIMLARI
ANONİM ŞİRKETİ

Additional Information:

- The Medical Second Opinion is not intended to replace a full medical evaluation, the exact investigation and treatment plan may be only known according to the outcomes of the initial consultations and investigations which will be done in our hospital. The exact cost of treatment will be confirmed according to the result of the investigation process.
- This document is valid only for one month.
- The above referenced costs are **ESTIMATES** for the consultation / test listed and are intended only as a guide to assist you in the preplanning your visit. The actual final charges may vary from initial estimated amount.
- These cost estimations do not cover any price changes due to any complications.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing exchange rates.
- Free of charge airport transfer and we will book your hotel.
- Free of charge interpretation services.
- All payments for medical services are expected before or on the first appointment date for self-pay patients. You may either pay with a credit card, money order or bank wire the funds. During the treatment, care or recovery process, the final state of the bill will be checked within reasonable timely intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification.
- For patients possessing International insurance, please contact our International Office in advance to verify.
- Any balance or credit remaining on your account at the moment of discharge will be debited or credited back to the bank account presented or the credit card number on file.
- All deposits are based on an estimate only and we will be able to inform you of the final charges when the final bill is generated.
- The responsibility of payment of the patient's transfer to another location by air travel or land ambulance in case of any need during or after the treatment process must be considered in advance and taken in charge by the patient/legal representative of the patient.
- 500 EURO banknotes are not accepted for the payments.
- Patients' passports are necessary for the registration procedures.

Please feel free to contact the Memorial Healthcare Group International Marketing Department if you have any further questions or inquiries contact details are mentioned below.

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