

Date: 28/08/16

Cost estimation NO: 20102-09

Patient Name: ARINA GURTOVA

Patient No.: 3734513

The estimated cost of this evaluation\ treatment is 8,566.80 USD as follows:

#	Description of services	Quantity	USD
1	Laryngoscopy and tracheoscopy	1.00	9,518.67
2	Medical consultation		
3	Hospitalization		
4	Blood and laboratory tests		
Sum			9,518.67
Discount:			951.87
Sum after discount			8,566.80

** Based on cash exchange rate 3.75

Please note: Including the following procedures as required and related to airways disorders treatments - up to 1 month period following the surgery date.

The cost estimate above will be valid for 6 months

The above mentioned medical evaluation and treatment, cost and length of stay are according to the best of our abilities. They do not cover unexpected medical complications, medications, devices and services purchased outside the hospital and any additional expenses, e.g., accommodation, extras, transportation, etc., neither for the patient and nor for the accompanying person. The Medical Center is entitled to choose or not to perform the suggested medical treatment and this according to the actual medical condition of the patient at the time of arrival.

It is of paramount importance that all available original clinical, laboratory (especially pathological and hematological slides) and imaging data (X-rays, CT-scans, US-pictures) should be brought to us together with the patient.

Tel Aviv Sourasky
 Medical Center
 64238
 Tel Aviv
 Israel

THE STATE OF ISRAEL
MINISTRY OF HEALTH
TEL AVIV MEDICAL CENTER
Affiliated to the Tel- Aviv University
Sackler Faculty of Medicine
Municipality of Tel- Aviv- Yaffo
Tel Aviv Medical Center Research And Development
Fund And Health Services. Association No. 580007102
MEDICAL TOURISM



The cost estimate above will be valid for 3 months.

In order to be registered and to open a medical file at the medical center please send us the follow

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. Official bank transfer request/ receipt for the advance payment to:

Bank Hapoalim, Beit Asia
Weizman st. 4, Tel-Aviv, Israel
Bank Code:12
Branch No: 567
Account No: 130533
"Tel Aviv Medical Center Research And Development Fund And Health Services"
SWIFT code: poalilit
IBAN no: IL29-0125-6700-0000-0130-533

Please bring a credit card with you as a deposit regardless of the manner of payment
(payment in advance or by another financing source).
For any additional information or request, please do not hesitate to contact us.

Sincerely,
SHIRLYS SADEH
Medical Tourism
Tel Aviv Sourasky Medical Center
Weizman St. 4, Tel Aviv, Israel
972-3-6974594
www.tasmc.org.il

Patient's name

Signature

Date