GoBroad Healthcare Group 高博医疗集团

PROFORMA INVOICE
形式发票

Patient Name（患者姓名）	RODVILOVA SOFIA
Date of Birth（出生日期）	2016-12-21
Passport ID（护照号码）	676140414
Nationality（国籍）	Russian
Hospital（医院）	Beijing GoBroad Hospital
Physician（主诊医生）	Dr. Zhang Zhiwei
Treatment Plan（治疗方案）	Six cycles of chemotherapy and combined therapy
Estimated Treatment Cost（预计治疗费用）	RMB 350,000 / RUB 4,500,000
Estimated Cost Breakdown（预计费用拆分）	Chemotherapy, 6 cycles: approx. CNY 300,000 Medication for side effects: approx. CNY 50,000

Bank Account Information (Russian Rubles ONLY)

Item	Details
Company Name	Hong Kong Broad Star Medical Consultant Limited
Company Address	FLAT/RMA12/FZJ300, 300 LOCKHART ROAD, WANCHAI, HONG KONG
Bank Name	VTB Bank (PJSC), Shanghai Branch
Bank Account No.	NRA40807810600619010616
Bank Address	Office 2503–2505, Shanghai Tower, 501, Middle Yincheng Road, Shanghai, China, 20012
SWIFT Code	VTBRCNSH

Important Notice 重要声明：
The total amount indicated on this invoice represents an estimated cost only; the actual cost may be subject to adjustments based on the treatment or examination provided.本发票的总金额仅为预估费用，实际费用可能因治疗或检查情况调整。

By signing below, I acknowledge that I have read and understood the Hospital Financial Policies, and I agree to their terms. Furthermore, I commit to paying in full the amount for the medical services for which I have been explicitly billed by the hospital. 通过在此签名，我认可我已阅读上述医院财务政策，了解并同意其内容，并同意全额支付我在医院医疗服务账单中明确规定的服务金额。

Patient Signed _____ Date: _____
患者签名处 日期： DD/ MM/ YY

Hospital Seal _____ Date: 30/09/2026
医院盖章 日期： DD/ MM/ YY

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