



Date: 16/02/25

Cost estimation NO: 46629-01

Patient Name: ZLATA KOKOEVA

Patient No.: 4891754

The estimated cost of this evaluation\ treatment is: 124,021.91 USD as follows:

#	Description of services	Quantity	USD
1	Inpatient hospitalization, per day, up to 3 days .	15.00	32,435.39
2	Inpatient hospitalization, per day, for fourth day or longer .	35.00	65,811.80
3	Blood and laboratory tests	10.00	5,617.98
4	Ct	2.00	703.93
5	General anesthesia for an ambulatory treatment or, alternatively, ambulatory procedure	2.00	1,419.10
6	Oncological treatment, adult, with chemooncological treatment, adult, with chemopatient per day	10.00	7,022.47
7	Oncologicalhematological treatment, without chemotherapeutic biological medications, per day adultchild	15.00	8,848.31
8	Medical consultation	5.00	898.88
9	Preview consultation to determine treatment plan	3.00	1,264.04
<b>Sum</b>			<b>124,021.91</b>

\*\* Based on cash exchange rate 3.56

The above mentioned medical evaluation and treatment, cost and length of stay are according to the b 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 ch or not to perform the suggested medical treatment and this according to the actual medical condition o 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 w the patient.

**The cost estimate above will be valid for 1 months.**



**MEDICAL TOURISM**

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

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- Shaul Hamelech

Address: Daniel Frisch St 3, Tel Aviv-Yafo, Israel

Bank Code:12

Branch No: 532

Account No: 130539

Account name: Tel Aviv Medical Center Research And Development Fund And Health Services

SWIFT code: POALILIT

IBAN no: IL74-0125-3200-0000-0130-539

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.

Medical Tourism  
Tel Aviv Medical Center  
6, Weizman st Tel Aviv 64239  
ISRAEL

Sincerely,  
SHIRLY SADEH  
Medical Tourism

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date