HADASSAH UNIVERSITY MEDICAL CENTER
Founded by Hadassah, the Women's Zionist Organization of America

Patient First Name: RINAT
Patient Last Name: FARITOV
Record Number: Z - 10222359
Passport Number: 893211

Date of Issue: 23.10.2026
Print date: 23.07.2026

This is to certify that the patient listed above is in need of medical services costing 37,817 USD

Service code	Service name	Doctor's Name	Number of units	Unit cost USD	Total cost USD
410	DAY CARE		6	883	5,298
999777	PRIVATE CONSULTATION	DR. SLAY	4	663	2,652
999777	PRIVATE CONSULTATION	DR. ARBELL	2	663	1,326
999844	HOSPITALIZATION		5	2,655	13,275
997001	EMERGENSY ROOM VIZIT		3	626	1,878
996103	LABORATORY TESTS		1	1,514	1,514
997339	COLONOSCOPY	DR.SLAE	1	979	979
212135	COLONOSCOPY WITH EXCISION OF LESION		1	1,574	1,574
997027	FISTULECTOMY FISTULA ANI	PROF.ARBEL	1	6,557	6,557
233837	PATHOLOGY REVISION		1	1,301	1,301
233001	ELECTRON MICROSCOPIC EXAMINATION		1	135	135
227312	COLON LARGE BOWEL CONTRAST		1	599	599
227779	RADIOLOGIC CONSULTATION	DR. MARGULIAN	1	729	729
	TOTAL CHARGES				**37,817**

This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.

According to the Israeli law, cash payment is limited to price offers that do not exceed 38,000 NIS or the equivalent in foreign currency on the day of payment.

This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days/procedures/implants.

The final price will be determined in accordance with the actual procedure that is performed.

This quote is valid for 90 days.

Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care. Costs for additional testing and/or procedures will be charged based on Hadassah's rate at the time of the treatment.

Please note the following:

1. Please make sure to bring your passport, which is mandatory for registration.

Additional hospitalization days will be charged at the rate of 2,655.34 USD per day.

Any days requiring hospitalization in the ICU (Intensive Care Unit) will be charged in addition to the charge in section 2 at the rate of 5,612.87 USD per day

2. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.

C. Payment:

Full payment of 37,817 **USD** is required prior to the initial treatment.

For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. (Please keep in mind that it takes approximately 3-5 business days to credit the hospital's account).

HADASSAH UNIVERSITY MEDICAL CENTER

Founded by Hadassah, the Women's Zionist Organization of America

Payment should be made payable to:

Hadassah Medical organization- swift code POALILITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL410124360000000025000

Account Number 25000

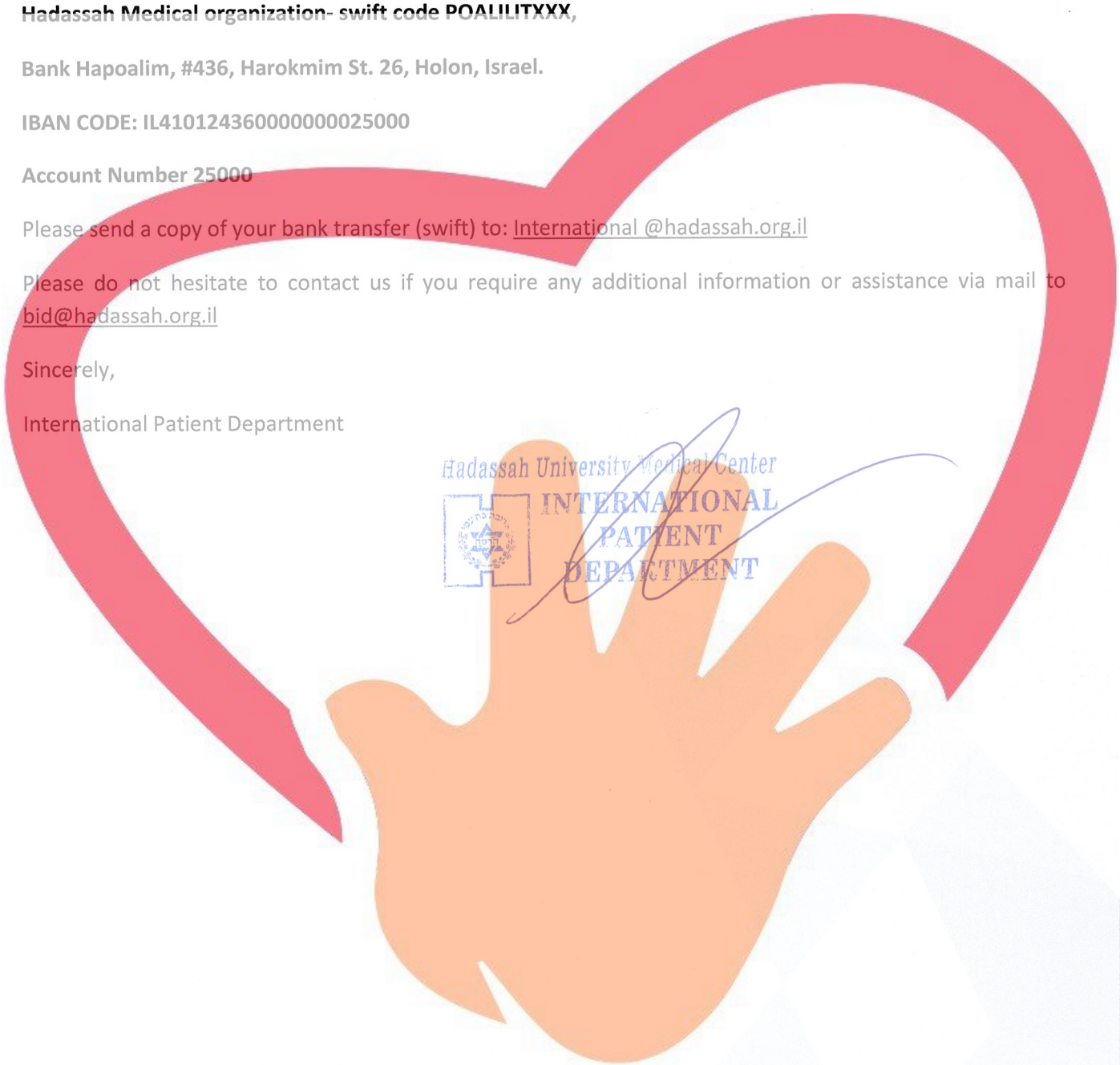
Please send a copy of your bank transfer (swift) to: International @hadassah.org.il

Please do not hesitate to contact us if you require any additional information or assistance via mail to bid@hadassah.org.il

Sincerely,

International Patient Department

Hadassah University Medical Center
INTERNATIONAL PATIENT DEPARTMENT



Experience the new Hadassah