



Hadassah University Hospital  
International Patient Department  
Private Consultation Service

Patient First Name: MIKHAIL  
Patient Last Name: KLEMENTEV  
Record Number: Z-5386490  
Passport Number/Nationality: 669705465

Date of Issue: 10.11.2024  
Print date: 10.11.2024  
Reference: 53721046

This is to certify that the patient listed above is in need of medical services costing 38,431 USD

Service code	Service name	Doctor's Name	Amount	Unit cost USD	Total cost in USD
999001	HOSPITALIZATION		7	2,030	14,210
437	DAY CARE BONE MARROW		5	1,406	7,030
217415	B- AND T- Cell Rearrangement		1	613	613
520023	Biological Identification by Genetic Markers (STR)		1	721	721
217385	Immunophenotyping of Lymphocyte Subsets		2	1,520	3,040
217186	Bone Marrow – Morphology Description		1	215	215
217327	BONE MARROW ASPIRATION		1	215	215
997452	BONE MARROW BIOPSY		1	2,314	2,314
999777	Private consultation	General Doctor	5	545	2,725
123008	SEDATION		1	681	681
233837	PATHOLOGY REVISION TOURIST		1	1,491	1,491
226191	PET CT FULL BODY SCAN		1	2,386	2,386
227067	ULTRASOUND ABDOMINAL		1	188	188
227013	PELVIS ULTRASOUND		1	188	188
227779	RADIOLOGIC PRIVATE CONSULTATION – TOURIST		2	599	1,198
231101	Cerebrospinal Fluid		1	47	47
217204	CSF/Body Fluids Morphology Description		1	103	103
289092	SIMPLE SPIROMETRY		1	66	66
996103	LAB TESTS			1000	1000
<b>Total cost</b>					<b>38,431</b>

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

Experience  
the new  
Hadassah

Ein Kerem  
P.O.B. 12000, Jerusalem 9112001, Israel  
Mount Scopus (Har Hatzofim)  
P.O.B. 24035, Jerusalem 9124001, Israel  
www.hadassah.org.il

Hadassah Medical Organization (PBC)





**HADASSAH  
UNIVERSITY  
MEDICAL  
CENTER**

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

**According to the Israeli law, cash payment is limited to price offers that do not exceed 40,000 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.
2. Additional hospitalization days will be charged at the rate of **2,030.00 USD** per day.
3. 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 **3,533.00 USD** per day
4. 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 **38,431 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).

Payment should be made payable to:

**Hadassah Medical organization- swift code POALITXXX,**

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

**IBAN CODE: IL41012436000000025000**

**Account Number 25000**

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

Sincerely,  
International Patient Department

*Hadassah University Medical Center*



**INTERNATIONAL  
PATIENT  
DEPARTMENT**

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