Tel Aviv Medical Center Research and
Development Fund and Health Services
Registered association 580007102
**MEDICAL TOURISM**

תאגיד הבריאות ליד המרכז הרפואי תל-אביב (ע"ר)
מספר עמותה 580007102
**תיירות מרפא**

Date: 05/11/25

**Cost estimation NO:** 47810-04

**Patient Name:** KSENIIA PAVELEVA

**Patient No.:** 6319863

The estimated cost of this evaluation\ treatment is: 143,336.39 USD as follows:

| # | Description of services | Quantity | USD |
|---|---|---|---|
| 1 | Inpatient hospitalization, per day, up to 3 days . | 30.00 | 73,385.32 |
| 2 | Inpatient hospitalization, per day, for fourth day or longer . | 30.00 | 63,834.86 |
| 3 | Blood and laboratory tests | 10.00 | 6,116.21 |
| **Sum** | | | **143,336.39** |

** Based on cash exchange rate 3.27

Please note: the above part of estimation of cost # 47810-02

Decision regarding treatment will be given according to the tests results and evaluation

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 change 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.

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

**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**



רח' ויצמן 6, תל-אביב 6423906 | טל' 03-6973426 | פקס: 03-6974594 | מספר עמותה 580007102
6 Weizmann St. Tel Aviv, 6423906, Israel | Tel:+972-3-6973426 | Fax: +972-3-6974594
Medical Tourism Site: https://ichilov-clinic.gov.il :אתר תיירות מרפא

**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 _____



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