



Date: 06/02/25

**Cost estimation NO:** 46602-02

**Patient Name:** ZLATA KOKOEVA

**Patient No.:** 6209789

The estimated cost of this evaluation\ treatment is: 85,240.28 USD as follows:

#	Description of services	Quantity	USD
1	Bone marrow transplantation autologous	1.00	85,240.28
2	Pretransplantation outpatient clinics		
3	Stem cell collection		
4	Hospitalization		
5	Chemotherapy treatment		
6	3 months follow up after the bone marrow transplatation		
<b>Sum</b>			<b>85,240.28</b>

\*\* Based on cash exchange rate 3.55

Please note: This cost estimation does not include  
Treatment of the basic disease.

Starting from the date of your transplantation, you will need to remain  
near the hospital for three months for medical follow-up  
Medications not included: A charge of \$20,000 will be collected in  
advance.

This amount must be paid in advance.

Any additional surgery except the transplantation will be charge  
separately.

Please be advised that the fees does not include dental treatment  
For the avoidance of doubt, after the transplantation the price is  
final, whether the patient used the procedures during the follow up or  
not, for any reason

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**

**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

