



PROFORMA INVOICE

Date: 16.07.2021

Patient Name/Surname: Jakov Janakiev

Thank you for selecting Medipol Mega University Hospital, Istanbul/Turkey for your healthcare.

I will be pleased to assist you during your visit to Medipol Mega Hospital Complex to ensure that you receive the highest level of service at all times. You can find all necessary information about your visit below in this form.

Our unit will assist you with transportation and accommodation arrangements. We provide

special rates for our patients about accommodation near Medipol Mega Hospital Complex. Please inform us about your arrival in advance.

Please, bring copies of your passport, medical records and any applicable films or documents to the appointment.

Please arrive to the International Patient Services of Medipol Mega Hospital Complex 1 hour prior to your appointment time to complete the registration process, unless instructed otherwise.

Appointment cancellations must be done at least 2 days prior to an appointment date or 7 days prior to a surgery or admission date.



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Finance

All payments for medical services are expected before or on the first appointment date for patients paying from their own pocket.

You may either pay with a credit card, in cash (euro, usd etc.) or via bank transfer.

Directions on how to deposit funds are attached to this letter.

During the treatment, care or recovery process, the final state of the bill will be checked within weekly intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification For patients possessing International insurance, please contact your International

coordinator to verify benefit eligibility and authorization for the visit when you receive this letter Any balance or credit remaining on your account after departure will be refunded or credited back to the credit card number on file.All deposits are based on an estimations and we will be able to inform you of the final charges when the final bill is generated after the medical treatment completed.

<u>DOCTOR'S NAME</u>	<u>VISIT TYPE</u>	<u>BRANCH OF THE DOCTOR</u>	<u>DURATION OF HOSPITALISATION AND STAY</u>	<u>NAME OF THE OPERATION/DOCTOR'S OPINION</u>	<u>COST</u>
Prof Md. Murat Elli	-in-patient	CARDIOLOGY	<p>*If the accommodation is prolonged, the relatives of the patients will pay € 65 per day including meals at our hotel.</p> <p>*Extra day service 310 € + Charges</p> <p>*Extra daily intensive care costs 750 € + charges.</p>	PROCEDURES:	
				Examination	
				Blood Test	
				MRI / BT	
				Anesthetized IMRT	
				MRI all organs with anesthesia	
				PET CT	
				12 cures chemotherapy	
				Hospitalization	
				NOTE : EXTRA COSTS AND TESTS MAY DETERMINED BY THE DOCTOR UP TO THE PATIENTS SITUATION	
Total					92.000€



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PATIENT APPOINTMENT AND TREATMENT
COST INFORMATION TABLE

- ALL FOREIGN EXCHANGE RATE CHANCES WILL BE REFLECTED TO THE PRICES
- The above referenced costs are ESTIMATIONS for the treatment listed above and are intended only as a guide to assist you in preplanning your visit.
- The actual final charges may vary from initial estimated amount.
- The hospitalization amount presented above is only based on stable basic treatment and daily rooming fees. Please note that the amounts related to the extra materials, medications or consultations that are going to take place during the hospitalization are not included to this amount.
- These cost estimations do not cover any price changes due to any complications.

EURO		
NAME OF THE ACCOUNT	:	MEDİPOLİTAN SAĞLIK HİZMETLERİ AŞ.
BANK	:	HALK BANKASI
BRUNCH CODE	:	ALTUNİZEDE (896)
ACCOUNT NO	:	58000131
IBAN NO	:	TR40 0001 2009 8960 0058 0001 31
SWIFFT CODE	:	TRHBTR2A

USD		
NAME OF THE ACCOUNT	:	MEDİPOLİTAN SAĞLIK HİZMETLERİ AŞ.
BANK	:	HALK BANKASI
BRUNCH CODE	:	ALTUNİZEDE (896)
ACCOUNT NO	:	53000604
IBAN NO	:	TR32 0001 2009 8960 0053 0006 04
SWIFFT CODE	:	TRHBTR2A

*Please specify the name of the patient when you are transferring any amount to our account.

Case Coordinator:

Doğan HALILOVIC

Balkan States +90 552 912 65 83

Contact:

dogan.halilovic@medipol.com.tr

MEDİPOLİTAN SAĞLIK VE EĞİTİM
HİZMETLERİ A.Ş. KARABEKİR CİD.
Göztepe Mh. Keziri Sokak No:8
23000 Sarıyer / İSTANBUL
Paçacılar / İS/ANUL