



**VM**  
**MEDICALPARK**  
**FLORYA**

Please find below the estimated cost and details of the treatment

<b>PATIENT'S NAME</b>	<b>MARIANA LIENCO</b>	
<b>ESTIMATED TREATMENT LOCATION</b>	<b>VM Florya Hospital</b>	<b>Oncology Department</b>
<b>TREATING DOCTOR</b>	<b>Oncology Department Assoc.Prof.Meral Gunaldi</b>	
<b>TREATMENT PROPOSED</b>	<b>6 Sessions of Chemotherapy treatment as outpatient</b>	
<b>INVESTIGATIONS</b>		
	<ul style="list-style-type: none"> <li>• Examination in Medical Oncology department</li> <li>• Blood Tests</li> <li>• 6 sessions of chemotherapy treatment as outpatient(Each Session will be applied once in 21 days)</li> <li>• 12 days of hotel accommodation in contracted hotels for 2 pax(2 days in each session)</li> <li>• Upon the evaluations of the diagnostic tests above, the patient will be evaluated for further treatment options</li> <li>• Any extra procedures, tests, investigations or prolonged stay at the hotel will be extra charged. Extra tests or consultations may be necessary upon the clinical examination of the patient the patient</li> <li>• In need of hospitalisation the daily hospitalisation and medical follow up fee is 800 USD per day in ward room.</li> <li>• Extra tests/consultations might be necessary upon the clinical examination of the patient</li> </ul> <p>** Below mentioned price information is exclusively discounted for Medproper company.</p>	
<b>ESTIMATED COST:</b>	<b>24.500 USD</b>	
	<b><u>The package does not include:</u></b>	
	Charges for inpatient stays in excess of indicated days of hospital stays Medications and treatment for pre-existing or non-procedure related conditions Personal expenses such as phone calls, room services etc. Take home medications and supplies Agreed hospital rates will be applied for additional services or items not included in the package	
<b><u>Additional information regarding the treatment;</u></b>		
✓	Free of Charge Translating Services Free of Charge Airport-Hotel-Hospital Transfers Accompanying person cannot use the patient room during the ICU stay	

The need for further procedures other than the foreseen treatment plan mentioned above will be evaluated upon the clinical examination and status of the patient. If any extra medicines, treatment, procedures are necessary will be extra invoiced.

**Finance**

1. All payments for medical services are expected before or on the first appointment date for self pay patients. You may either pay with a credit card, money order or bank wire the funds. 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..
2. For patients possessing International insurance, please contact your International coordinator to verify benefit eligibility and authorization for the visit when you receive this letter.
3. Any balance or credit remaining on your account after departure will be debited or credited back to the credit card number on file.
4. The responsibility of payment of the patient's transfer to another location by air travel or land ambulance in case of any need during or after the treatment process must be considered in advance and taken in charge by the patient/legal representative of the patient.

**Signature:**

- The above referenced costs are ESTIMATES for the foreseen treatment plan and are intended only as a guide to assist you in preplanning your visit. The actual final charges may vary from initial estimated amount.
- These cost estimations do not cover any price changes due to any complications.
- Package prices exclude pathology, attendance and special material costs.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing

With the document hereby, I, ..... certify that I perfectly understand ISTINYE UNIVERSITY HOSPITAL Group International Patient Services treatment planning and services policy and guarantee to make my payments according to ISTINYE UNIVERSITY HOSPITAL payment procedure.

Last Name – First Name:

Signature:

This is the estimated cost for the recommended investigations and procedures.

The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services provided by the treating doctors. Also the USD/EUR price may vary according to the exchange rate of USD EURO/TL.

Unvan/Account name: İSTANBUL AYDIN UNİVERSİTESİ SAĞLIK UYGULAMA VE ARAŞTIRMA MERKEZİ

Banka adı Bank name: TÜRKİYE GARANTİ BANKASI A.Ş.

Şube adı/ Branch : FLORYA

Şube kodu/Branch code: 407

USD IBAN NO: TR96 0006 2000 4070 0009 0749 94

ACCOUNT NUMBER: 9074994

SWİFT CODE: TGBATRISXXX

**MLP SAĞLIK HİZMETLERİ A.Ş.**

Otaçıklar Cad. Flatolis İstanbul No:78  
Kat:3 D Blok No:103 Eşup / İSTANBUL  
Büyük Mükellefler V.D. 613 058 2094