EMSEY HOSPITAL PROFORMA INVOICE

01.11.2019

TREATMENT LOCATION:	EMSEY HOSPITAL
DEPARTMENT:	NEUROSURGERY & INTERVENTIONAL RADIOLOGY
DOCTORS:	DR. EMRE KORKMAZ, MD & PROF. AHMET KEMAL FIRAT, MD

Please find below the estimated cost and details of the treatment;

		ESTIMATED TREATMENT PLAN				
PATIEN	NT'S NAME/YEARS/GENDER	RUSU LAVINIA/ 7 Y / FEMALE				
		TREATMENT PACKAGE				
٠	Neurosurgery Examination					
٠						
٠						
٠						
٠						
٠	 Procedure-related laboratory tests and radiology Medical equipment and supplies necessary for the procedure 					
٠						
٠	Procedure-related medication	ons				
•	18 days Hospital stay, 2 day	s ICU stay				
ESTIM	ATED COST:	35.000 USD				
The pa	ckage does not include;					
,						
	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 					
		•••				
v	Agreed nospital rates will be	applied for additional services or items not included in the package				
Additio	onal information regarding th	e treatment;				
\checkmark	Provided that no complication developed, the patient will be fit to fly immediately after discharge					
	-	package cost has to be deposited before the surgery or else the				
	treatment will not commend					
\checkmark	This costing is an indicative estimate and based on the study of the reports of the patient. It does					
	not include cost of high value drugs (if needed) – the actual billing will depend on the in-person					
	examination of the patient b	by the doctor. The costing and stay estimates may vary due to				
	unforeseen complications ar	nd/or the need to administer high value drugs. Anything beyond the				
	package stay will be charged extra and as per the actual.					
✓	All patients are advised to carry, all original and latest medical reports including scans / x-rays /					
	investigation reports (in paper or electronic format) along with the clinical opinion and estimates					
		provided by Emsey Hospital to ensure that complete medical information is available to the service				
	provided by Emsey Hospital provider on their arrival in T					

NAME OF BANK	TÜRKİYE İŞ BANKASI A.Ş.		
EMSEY HOSPITAL'S ACCOUNT NAME	EMSEY SAGLIK HIZMETLERI VE ISLETMELERI TURIZM OTELCILIK TICARET A.S.		
BRANCH CODE	1085		
SWIFT CODE	ISBKTRIS		
CURRENCY	ACCOUNT NUMBER	IBAN (International Bank Account Number)	
TURKISH LIRA	0852783	TR750006400000110850852783	

EMSEY HOSPITAL

EURO	3616137	TR360006400000210853616137
U.S. DOLLAR	3552888	TR740006400000210853552888