

EMSEY HOSPITAL

PROFORMA INVOICE

08.11.2019

TREATMENT LOCATION: EMSEY HOSPITAL
DEPARTMENT/DOCTOR: HEMATOLOGY / PROF. SERDAR BEDİİ OMA, MD

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

ESTIMATED TREATMENT PLAN	
PATIENT'S NAME/YEARS/GENDER	SANDU SERGIU / 33 Yrs. / Male
TREATMENT PACKAGE	
*MEDICAL TREATMENT BEFORE BONE MARROW TRANSPLANTATION	
<ul style="list-style-type: none">4 doses ChemotherapyMedical Treatment during Investigation for DiagnosisBone Marrow Aspiration BiopsyAdvanced Blood InvestigationsThorax and The Whole Abdominal CT & MRILymph Node Biopsy and PathologyNursing Service Charges, Service ChargesProcedure-related laboratory tests and radiology (Pre-op tests)Medical equipment and supplies necessary for the procedureProcedure-related medications60 days at hospitalisation (<i>does include in the total cost</i>)	
*1.OPTION	
<ul style="list-style-type: none">Pre-transplantation laboratory tests and radiology2 HLA Tests (donor and patient) (HLA ABC/DRBH/DQBH)Chemotherapy which is needed before transplantationAllogenic Bone Marrow Transplantation from a related donor90 days of Standart Rooms, Nursing Service Charges, Service Charges, the total treatment duration is 180 daysProcedure-related laboratory tests and radiology (Pre-op tests)Medical equipment and supplies necessary for the procedureProcedure-related medications	
*2.OPTION	
<ul style="list-style-type: none">Pre-transplantation laboratory tests and radiology2 HLA Tests (donor and patient) (HLA ABC/DRBH/DQBH)Registering to Bone Marrow Transplantation Banks (TÜRKKÖK + World Donor Banks) screening + bone marrow harvesting + shippingChemotherapy which is needed before transplantationAllogenic Bone Marrow Transplantation from an un-related donor90 days of Standart Rooms, Nursing Service Charges, Service Charges, the total treatment duration is 180 daysProcedure-related laboratory tests and radiology (Pre-op tests)Medical equipment and supplies necessary for the procedureProcedure-related medications	

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ESTIMATED COST:	MEDICAL TREATMENT: 50.000 USD 1.OPTION: 69.000 USD 2.OPTION: 90.000 USD
<u>The package does not include;</u> <ul style="list-style-type: none">✓ 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	
<u>Additional information regarding the treatment;</u> <ul style="list-style-type: none">✓ Provided that no complication developed, the patient will be fit to fly immediately after discharge✓ Payment Policy: %100 of the package cost has to be deposited before the surgery or else the treatment will not commence.✓ 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 by the doctor. The costing and stay estimates may vary due to unforeseen complications and/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 provider on their arrival in Turkey.	

NAME OF BANK	TURKIYE HALK BANKASI A.S.	
EMSEY HOSPITAL'S ACCOUNT NAME	EMSEY SAGLIK HIZMETLERI VE ISLETMELERI TURIZM OTELCILIK TICARET A.S.	
BRANCH CODE	1282	
SWIFT CODE	TRHBTR2A	
CURRENCY	ACCOUNT NUMBER	IBAN (International Bank Account Number)
TURKISH LIRA	10100129	TR210001200128200010100129
EURO	58100117	TR790001200128200058100117
U.S. DOLLAR	53100175	TR240001200128200053100175