

PATIENT NAME	NICOLETA MILEA
ESTIMATED TREATMENT LOCATION	MEDICAL PARK BAHCELIEVLER HOSPITAL, ISTANBUL, TURKEY
PHYSICIAN'S NAME	PROF.CEYHUN BOZKURT & PROF.DR.TUNC FISGIN
TREATMENT PROPOSED	ONCOLOGY TREATMENT
TREATMENT PACKAGE	
<ul style="list-style-type: none"> • Examination in Pediatrics Oncology department • Routine blood tests • Serology and Markers • 6 cures of chemotherapy treatment as inpatient: <ul style="list-style-type: none"> ○ Chemotherapy administration as inpatient for 1 sessions (Each session will last 21 days as inpatient) ○ Medicines related with chemotherapy treatment ○ Consumables and medical equipment related with chemotherapy ○ Routine blood tests related with chemotherapy treatment ○ Chemoteraphy drug administration • 90 days of Standard Room, Nursing Service Charges, Service Charges • Medical equipment and supplies necessary for the procedure • Necessary radiological tests for mid-evaluation • 11 months of hotel accommodation in contracted hotels for 2 pax • Extra consultations/tests may be required upon the clinical status of the patient • If any specific test is requested, the patient will be informed accordingly • The patient will be evaluated for further treatment and the charges of the extra treatments will be applied within evaluations. 	
** Below mentioned price information is exclusively discounted for Medproper company.	
ESTIMATED COST:	151.000 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"> - Free of charge translating services - Free of charge Airport-Hotel-Hospital transfers - 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 	

MEDICALPARK

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 Medical Park Hospitals Group International Patient Services treatment planning and services policy and guarantee to make my payments according to Medical Park Hospitals Group payment procedure.

Last Name – First Name:

Signature:

Account name : MLP SAĞLIK HİZMETLERİ A.Ş.

BANK ACCOUNT DETAILS:

BANK NAME	BRANCH NAME	ACCOUNT NO	IBAN NO	SWIFT CODE
DENİZBANK	ANADOLU KURUMSAL-9130	2459657-359	TR170013400000245965700009	DENITRISXXX

MLP SAĞLIK HİZMETLERİ A.Ş.

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