

# EMSEY HOSPITAL

## PROFORMA INVOICE

23.03.2021

TREATMENT LOCATION: EMSEY HOSPITAL  
DEPARTMENT: PEDIATRIC HEMATOLOGY  
DOCTOR: PROF. BİROL BAYTAN, MD

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

ESTIMATED TREATMENT PLAN	
PATIENT'S NAME/AGE/GENDER	BALASESCU COSMINA TEODORA / 14 YRS. / FEMALE
TREATMENT PACKAGE	
DIAGNOSTIC PACKAGE	
<ul style="list-style-type: none"><li>Pediatric Hematology Examination</li><li>Pediatric Surgery Examination</li><li>3 Tesla Cranial MRI</li><li>Thorax CT</li><li>3 days at hotel stay <i>(does include in the total cost)</i></li></ul>	
*THE FIRST STAGE:	
SURGERY PACKAGE	
<ul style="list-style-type: none"><li>Mass Tumor Excision Surgery</li><li>Doctor Fees [Surgeon, Asistant Surgeon (if necessary), Anesthesiologist]</li><li>Operating Room Charges</li><li>7 days of Standart Rooms, Nursing Service Charges, Service Charges</li><li>Procedure-related laboratory tests and radiology (Pre-op tests)</li><li>Medical equipment and supplies necessary for the procedure</li><li>Procedure-related medications</li></ul>	
*THE SECOND STAGE:	
TREATMENT PACKAGE	
<ul style="list-style-type: none"><li>2 months of Chemotherapy Treatment</li><li>2 Weeks at Hotel Stay, 5 weeks of Standart Rooms, Nursing Service Charges, Service Charges</li><li>Procedure-related laboratory tests and radiology (Pre-op tests)</li><li>Medical equipment and supplies necessary for the procedure</li><li>Procedure-related medications</li></ul>	
➤ PET-CT for Evaluation	

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## \*THE THIRD STAGE:

### SURGERY PACKAGE

- **Mass Tumor Excision Surgery (Re-operation) (if requires)**
- Doctor Fees [Surgeon, Asistant Surgeon (if necessary), Anesthesiologist]
- Operating Room Charges
- **7 days** of Standart Rooms, Nursing Service Charges, Service Charges
- Procedure-related laboratory tests and radiology (Pre-op tests)
- Medical equipment and supplies necessary for the procedure
- Procedure-related medications

*\*Please note that Radiotherapy could be planned if the surgery is successful / get positive result.*

## \*THE FOURTH STAGE:

### TREATMENT PACKAGE

- **20 Sessions of Radiotherapy, IMRT Treatment (if requires)**
- Nursing Service Charges, Service Charges
- Procedure-related laboratory tests and radiology
- Medical equipment and supplies necessary for the procedure
- Procedure-related medications
- **28 days at hotel stay (does include in the total cost)**

## \*THE FIFTH STAGE:

- **19 Weeks of Chemotherapy Treatment**
- **5 months of Standart Room**, Nursing Service Charges, Service Charges
- Procedure-related laboratory tests and radiology
- Medical equipment and supplies necessary for the procedure
- Procedure-related medications

### ESTIMATED COST:

**DIAGNOSTIC PACKAGE: 1.100 USD**  
**THE FIRST STAGE: 15.000 USD (if requires)**  
**THE SECOND STAGE: 22.500 USD**  
**THE THIRD STAGE: 15.000 USD (if requires)**  
**THE FOURTH STAGE: 7.900 USD (if requires)**  
**THE FIFTH STAGE: 50.000 USD**

### The package 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
- ✓ Agreed hospital rates will be applied for additional services or items not included in the package

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## Additional information regarding the treatment;

- ✓ 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.

<b>NAME OF BANK</b>	TÜRKİYE İŞ BANKASI A.Ş.	
<b>EMSEY HOSPITAL'S ACCOUNT NAME</b>	EMSEY SAĞLIK HİZMETLERİ VE İŞLETMELERİ TURİZM OTELCİLİK TİCARET A.Ş.	
<b>BRANCH CODE</b>	1085	
<b>SWIFT CODE</b>	ISBKTRIS	
<b>CURRENCY</b>	<b>ACCOUNT NUMBER</b>	<b>IBAN (International Bank Account Number)</b>
<b>TURKISH LIRA</b>	0852783	TR750006400000110850852783
<b>EURO</b>	3616137	TR360006400000210853616137
<b>U.S. DOLLAR</b>	3552888	TR740006400000210853552888