

EMSEY HOSPITAL

PROFORMA INVOICE

29.04.2021

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

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

ESTIMATED TREATMENT PLAN	
PATIENT'S NAME/YEARS/GENDER	ROBERTA ELENA DUMITRU / 4 Y / FEMALE
TREATMENT PACKAGE	
*1.OPTION	
<ul style="list-style-type: none">Pre-transplantation laboratory tests and radiologyAllogenic Bone Marrow Transplantation from a related donor10 units Blood Transfusion90 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 radiology10 units Blood TransfusionRegistering to Bone Marrow Transplantation Banks (TÜRKKÖK) screening + bone marrow harvesting + shippingAllogenic 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	
3.OPTION	
<ul style="list-style-type: none">Pre-transplantation laboratory tests and radiology10 units Blood TransfusionHaploidentic Bone Marrow Transplantation90 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	
ESTIMATED COST:	1.OPTION: 70.000 USD 2.OPTION: 93.000 USD 3.OPTION: 110.000 USD

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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

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.

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