

EMSEY HOSPITAL

PROFORMA INVOICE

13.11.2021

TREATMENT LOCATION: EMSEY HOSPITAL
DEPARTMENT: PEDIATRIC ONCOLOGY
SPECIALIST: PROF. BİROL BAYTAN, MD

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

ESTIMATED TREATMENT PLAN	
PATIENT'S NAME/YEARS/GENDER	CHELMUS MAYA GEORGIANA/ FEMALE
SURGERY PACKAGE	
** The Previous treatment plan of the above mentioned patient has been completed. **Long term chemotherapy treatment plan is detailed below.	
CHEMOTHERAPY STAGE	
<ul style="list-style-type: none">• 12 sessions of Chemotherapy Treatment (treatment duration minimum of 20 weeks)<ul style="list-style-type: none">○ 7 days Hospital stay per chemotherapy session• 90 Days Hospitalization• 50 Days Hotel stay• Doctor Fees• Procedure-related laboratory tests and radiology (Pre-op tests)• Medical equipment and supplies necessary for the procedure	
ESTIMATED COST:	COST: 144.000 USD TOTAL
<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.	

EMSEY HOSPITAL

NAME OF BANK	TÜRKİYE İŞ BANKASI A.Ş.	
EMSEY HOSPITAL'S ACCOUNT NAME	EMSEY SAĞLIK HİZMETLERİ VE İŞLETMELERİ TURİZM OTELCİLİK TİCARET A.S.	
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