

# ACIBADEM HEALTHCARE GROUP



**5** Countries

**24** Hospitals

**15** Outpatient Clinics

**25.000** Staff

**7.500** Professionals

**6** Million Patients Per Year

**160.000** Surgeries



Oncology  
Centers



Organ Transplantation  
Centers



Heart Care  
Centers



Spine  
Centers



Breast Health  
Centers



Obesity  
Centers



In Vitro Fertilization  
Centers



Robotic Surgery  
Centers



Sports Medicine  
Centers



International  
Joint Center



## PROFORMA INVOICE

20.01.2026

ESTIMATED TREATMENT LOCATION: **Acibadem Atakent Hospital / İSTANBUL**

The approximate estimate of costs for treatment & stay in our hospital are as follows:

ESTIMATED TREATMENT REPORT	
<b>Patient's No, Name</b>	<b>Alina Albina</b>
<b>Treatment</b>	<b>Medical oncology consultation: 225 EUR</b> <b>PET-CT: 750 EUR</b> <b>Consultation orthopedic: 225 Euro</b>  <b>Accommodation: 170 Euro</b>
<b>ESTIMATED TOTAL COST</b>	<b>1.370 Euro</b>
<b><u>The package does not include:</u></b> <ul style="list-style-type: none"><li>• Charges for inpatient stays in excess of indicated days of hospital stay;</li><li>• Medications and treatment for pre-existing or non-procedure related conditions;</li><li>• Personal expenses such as phone calls, room services, etc.</li><li>• Take home medications and supplies</li></ul> Agreed hospital rates will be applied for additional services or items not included in the package.	

The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services by the senior doctors.

This document is prepared according to patient's request.

Please be informed accordingly.



## BANK INFORMATION FORM

Unit\* : Acibadem Atakent Hospital

Dear Guest,

Please accept our sincere compliments. Thrust you get well soon.

We kindly remind you that in order to provide our system to combine your remittance with your account defined in our system, please always clearly mention

" \_\_\_\_\_ / \_\_\_\_\_ " on bank account statement while  
(Patient Number) (Patient Name Surname)  
effecting the remittance.

Many thanks in advance for your kind attention and cooperation.

Account Name : ACIBADEM SAGLIK HIZMETLERI VE TICARET A.S.

Swift No : TGBATRISXXX

Bank Name	Branch Name	Branch Code	Account Number	IBAN NO	Currency
GARANTI	KOZYATAGI KURUMSAL	383	6295323	TR24 0006 2000 3830 0006 2953 23	TL
GARANTI	KOZYATAGI KURUMSAL	383	9095393	TR31 0006 2000 3830 0009 0953 93	USD
GARANTI	KOZYATAGI KURUMSAL	383	9095392	TR58 0006 2000 3830 0009 0953 92	EURO

\* Please note the ASG location abbreviation

Form No: MI\_F05\_REV\_02





# INTERNATIONAL PATIENT CENTER

