

Subject : Confirmation of the Hospitalisation of Patient Angelina Zhukovskaya

Dear Sir/Madam,

10.04.2013

ESTIMATED TREATMENT LOCATION: ACIBADEM KOZYATAĞI HOSPITAL / ISTANBUL

PHYSICIAN: Dr. Uğur Işık

Adress: İnönü Cad. Okur Sk 20 Kozyatağı 34742 İstanbul

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

ESTIMATED TREATMENT REPORT	
Patient's Name	Angelina Zhukovskaya
Date of Birth	13.08.2009
Surgery Package	Dr. Uğur Işık
Cost in Euro	
- MR 3 Tesla	1.700
- EEG videomonitoring, 24 hours	1.700
- consultation pediatric neurologist	225
- consultation geneticist	225
- consultation endocrinologist	225
- other analysis&hospitalization	5.925
<u>Other Services Organized by International Patient Center;</u>	
- Arranging Accommodation	
- Local Transfers; from & to Airport – Hotel – Hospital	
- Total (approximate price)	10.000 Euro

Note: The package does not include:

- Unexpected additional hospital stays
- Non-standard medications and supplies
- Additional or special consultations by senior doctors
- Special surgical materials; Laparoscopic materials, service medications, special operation materials (prosthesis), post-op tests
- Frozen + Pathology
- Personal Expenses such as cafeteria purchases

Please confirm the asseptanse and payment.

Bank information:

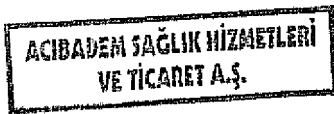
Account Name : Acibadem Sağlık Hizmetleri A.Ş

Swift NO: : TGBATRISXXX

Bank Name	Branch Name	Branch Code	Account Number	İban No	Currency
GARANTİ	ALTUNİZEDE	341	9094209	TR 33 0006 2000 3410 0009 0942 09	USD
GARANTİ	ALTUNİZEDE	341	9094205	TR 44 0006 2000 3410 0009 0942 05	EURO

FOR CONFIRMATION AND CONTACT:

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