

ACIBADEM

PROFORMA INVOICE

26.04.2018

TREATMENT LOCATION : Acibadem University Atakent Hospital / ISTANBUL

To whom it may concern,

We would like to inform you that the patient requires following service, for which the payment amount is as stated below:

Patient Name	Health Service	Cost
DIANA DOLGAYEVA	Post-Op Treatment after Bone Marrow Transplantation	24.262\$ (USD)
	Follow-up treatment after 2 months	5.000\$ (USD)

Bank Information

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	6595323	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

Yours faithfully,

Department of International Patient Services

Acibadem Sağlık Hizmetleri ve Tic. A.Ş.
Halkal Merkez Mah. Turgut Özal Bulvarı No: 16
Küçükçekirce / İstanbul
Büyük Müktefeler V.D.: 005 000 8904