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(Including up to 4 days of hospitalization)

This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.

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- D. If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.

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- Payment: A. A deposit of 17646.04 USD is required, prior to the initial assessment. Medical Organization account. Please keep in mind that it takes approximately 3 working days to credit the Hospital's account. In such cases, payment should be made payable to: C. In such cases, payment should be made performed POALILITXXX Hadassah Medical Organization - Swift Code POALILITXXX 906n BANK HAPOALIM, Har Hotzvim #436, 1 Hamarpe St. JERUSALEM Israel,
  - IBAN CODE: IL41012436000000025000
- Account number: 25000.
  - Please fax a copy of your bank transfer to fax #972-2-6776600

Accommodations:

- A. Hadassah does not provide accommodations to any person(s) accompanying A. Hadassah does not provide accommodations to any person(s) accompanying the person (s) prior to
- B. Accommodation for the patient or for the accompanying person(s) prior to or following hospitalization is the responsibility of the patient. 106
- C. Accommodations at the Ein Kerem Hotel on campus can be arranged.
- Bookings can be made via email at: info@einkeremhotel.co.il or by D.
- phone: 972-2-5608555.

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E. Hotel charges are not included in the aforementioned medical charges

e encourage you to contact us if you require any additional information or e encourage you to contact us if you require any addition of by ssistance via the internet at: INTERNATIONAL@hadassah.org.il or by dobryaki.ru dobryaki.ru dobr

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coording to Israeli law, cash payment is limited to price offers that o not exceed 55,000 NIS or the equivalent in foreign currency on the the payment. ording to ising not exceed 55,000 NIS or the equiva-of payment. This quote is not final and is dependent upon the procedure that is formed, and/or the actual number of hospitalization days.

he final price will rocedure that is performed. This quote is .... dditional costs may be incurred for additional testing and/or rocedures that may arise throughout the anticipated medical care. A. You must bring your passport with you. dobryaki.ru dobryaki.ru

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C. Any days requiring hospitalization in the ICU (intensive care unit) will be charged, in addition to the charge in section B, at the rate of 3285.14 USD per day.

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If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.

Payment:

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- A deposit of 3039.91 USD is required, prior to the initial assessment. B. For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. Please keep in mind that it takes approximately 3 working days to credit the Hospital's account.
- In such cases, payment should be made payable to: Hadassah Medical Organization Swift Code POALILITXXX 1 Hamarpe St. BANK HAPOALIM, Har Hotzvim #436,

JERUSALEM Israel, IBAN CODE: IL41012436000000025000

Account number: 25000.

-6776600.00 Please fax a copy of your bank transfer to fax #972-2.

Accommodations:

- Hadassah does not provide accommodations to any person(s) accompanying the patient during hospitalization.
- the patient during hospitalization. B. Accommodation for the patient or for the accompanying person(s) prior or following hospitalization is the responsibility of the patient. took
- D. Bookings can be made via email at: info@einkeremhotel.co.il or by Bookings can be made .... phone: 972-2-5608555. Hotel charges are not included in the aforementioned medical charges.

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e encourage you to contact us if you require any additional information or ssistance via the internet at: <u>INTERNATIONAL@hadassah.org.il</u> or by dobryaki.ru hone: 972-2-6779111. dobryaki.ru

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(Including up to 3 days of hospitalization)

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- C. Any days requiring hospitalization in the ICU (intensive care unit) will be charged, in addition to the charge in section B, at the
- will be charged, in additional rate of 3285.14 USD per day. . If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.

## Payment:

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Account number: 25000. Please fax a copy of your bank transfer to fax #972-2-

Accommodations:

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- A. Hadassah does not provide accommodations to any person(s) accompanying the patient during hospitalization.
  B. Accommodation for the patient or for the accompanying person(s) prior to patient.
- C. Accommodations at the Ein Kerem Hotel on campus can be arranged. D. Bookings can be made via email at:info@einkeremhotel.co.il or by
  - phone: 972-2-5608555.

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E. Hotel charges are not included in the aforementioned medical charges.

e encourage you to contact us if you require any additional information or ssistance via the internet at: <u>INTERNATIONAL@hadassah.org.il</u> or by ssistance via che hone: 972-2-6779111. dobryaki.ru incerely, obvoking Tki.ru dobryaki.ru

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ccording to Israeli law, cash per o not exceed 55,000 NIS or the equivalent in ay of payment. This quote is not final and is dependent upon the procedure that is erformed, and/or the actual number of hospitalization days.

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- A. You must bring your passport with you.
  B. Additional hospitalization days will be charged at the rate of 1886.35 USD per day.
  C. Any days requiring hospitalization in the ICU (intensive care unit) will be charged, in addition to the charge in section B, at the intensity of the charged.
- rate of 3285.14 USD per day. D. If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.

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- Payment: A. A deposit of 1027.18 USD is required, prior to the initial assessment. Convenience, a bank transfer can be made to the Hadassah Medical Organization account. Please keep in mind that it takes approximately 3 working days to credit the Hospital's account. C. In such cases, payment should be made payable to: 906n Hadassah Medical Organization - Swift Code POALILITXXX BANK HAPOALIM, Har Hotzvim #436, 1 Hamarpe St., JERUSALEM Israel Account number: 25000. IBAN CODE: IL41012436000000025000
  - Please fax a copy of your bank transfer to fax #972-2-6776600

Accommodations:

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- B. Accommodation for the patient or for the accompanying person(s) prior to or following hospitalization is the responsibility of the patient. 006
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- Bookings can be made via email at: info@einkeremhotel.co.il or by D.
- phone: 972-2-5608555

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Hotel charges are not included in the aforementioned medical charges

e encourage you to contact us if you require any additional information or ssistance via the internet at: INTERNATIONAL@hadassah.org.il or by dobryaki.ru hone: 972-2-6779111. dobryaki.ru 00br

incerely, adassah University Hospital 067 dobryaki.ru

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01/06/2020 Date of Issue : Print Date Reference : 01/06/2020 dobryaki.ru : 126822 Record Number : z-002670664 Yobryaki.ru

To: First Name ASEL : ASEL : GATAULLINA 202670664 Last Name Record Number : z-002670664 Passport Number: 1837 Address RUSSIA

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According to Israeli law, cash payment is limited to price offers that do not exceed 55,000 NIS or the equivalent in foreign currency on the day of payment.

This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days.

The final price will be determined in accordance with the actual procedure that is performed. This quote is valid for 90 days.

Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care Costs for additional testing and/or procedures will be charged based on Hadassah's rate at the time of the care.

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B. Additional hospitalization days will be charged at the rate of 1861.79 USD per day.

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Any days requiring hospitalization in the ICU (intensive care unit) с.⁄/ will be charged, in addition to the charge in section B, at the rate of 3242.15 USD per day.

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- If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.
- Payment:

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- A. A deposit of 4899.77 USD is required, prior to the initial assessment. B. For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. Please keep in mind that it takes
- approximately 3 working days to credit the Hospital's account. C. In such cases, payment should be made payable to: Hadassah Medical Organization Swift Code POALILITXXX BANK HAPOALIM, Har Hotzvim #436, 1 Hamarpe St., JERUSALEM Israel,
  - IBAN CODE: IL41012436000000025000
  - Account number: 25000.
  - Please fax a copy of your bank transfer to fax #972-2-6776600.

4. Accommodations:

- A. Hadassah does not provide accommodations to any person(s) accompanying the patient during hospitalization.
  - Accommodation for the patient or for the accompanying person(s) prior
- or following hospitalization is the responsibility of the patient. Accommodations at the Ein Kerem Hotel on campus can be arranged. Bookings can be made via email at:<u>info@einkerembote1.co.il</u> or by D.
- phone: 972-2-5608555.
- E. Hotel charges are not included in the aforementioned medical charges.

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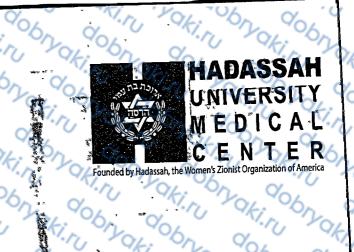
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We encourage you to contact us if you require any additional information or assistance via the internet at: INTERNATIONAL@hadassah.org.il or by phone: 972-2-6779111.

Sincerely, Hadassah University Hospital Department of Patient Administration

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