



**ამერიკული  
ჰოსპიტალი თბილისი**

**American Hospital Tbilisi**

U.Chkheidze #17, 0102 Tbilisi, Georgia  
Phone: +995 32 009 009 E-mail: [info@ahtbilisi.com](mailto:info@ahtbilisi.com)  
[www.ahtbilisi.com](http://www.ahtbilisi.com)

To Payer:  
The club of kind persons charitable foundation  
Address: Pokrovka str.1/13/6, building 2, compartment 5, room 1,  
101000, Moscow, Russia VIA E-mail: [info@dobryaki.ru](mailto:info@dobryaki.ru)

**Advance payment for**

Cost Estimate № 5797/2025 for medical treatment for

DATE: 04.02.2026

Lugovskaya Vera, born 12.09.2017

Dear ladies and gentleman,  
The estimate is solely based on the presented medical records and can be revised upon the initial  
Medical examinations, costs for this procedure will be:

1)	Surgical procedure (Percutaneous Myofasciotomy, Epiphysiodesis of the femoral) includes maximum of 5 days, postoperative rehabilitation maximum of 10 days	2000000 RUB
		<b>TOTAL: 2000000 RUB</b>

Please note, that should the hospitalization period be shorter than the above mentioned maximum numbers of days, there would be no reduction in the package price.

Beneficiary:	American Hospital Network LCC
Address:	U.Chkheidze #17, 0102 Tbilisi, Georgia
Account №:	GE41TB7374836120100003
Bank:	TBC Bank JSC
Swift:	TBCBGE22
Payment Reference:	Cost Estimate № and Patient Name

Best Regards,

Patient Financial Services director  
Lika Lortkipanidze

