



DEUTSCHES HERZZENTRUM BERLIN

STIFTUNG DES BÜRGERLICHEN RECHTS

Deutsches Herzzentrum Berlin · Postfach 65 05 05 · 13305 Berlin

Mrs. Razzhavina
Russia

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Berlin, den 31.07.2018

Geschz: OV / Hä

Telefon: +4930 4593 2868

For information: Mrs. Höfler; Dr. Ovroutski – internal

RE: Medical Treatment for
Razzhavina, Lidiia * 29.08.1989

Dear Mrs. Razzhavina,

Thank you for your inquiry of your treatment. According to the medical records which you have sent us our physicians saw that you are suffering from a congenital heart defect and suggest that she should undergo an interventional heart catheterization and CT the German Heart Institute Berlin.

The medical classification is solely based on the presented medical records and can be revised upon the initial medical examinations.

Should you wish to be treated by the chief surgeon or by an appointed physician under the chief surgeon's supervision the estimated costs for this procedure will be:

- complex interventional heart catheterization	17.630,00 €
- CT	937,00 €
	18.567,00 €

Should you not wish to be treated by the chief surgeon the estimated costs for this procedure will be:

- complex interventional heart catheterization	13.000,00 €
- CT	650,00 €
	13.650,00 €

Deutsches Herzzentrum Berlin – Stiftung des bürgerlichen Rechts

Sitz des Geschäftsführenden Vorstands: Augustenburger Platz 1 · 13353 Berlin

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Each sum includes a maximum of 5 days (complex, interventional heart catheterization). Every further day will be billed in addition with 1.600,00 € for treatment by the chief surgeon/appointed physician or with 1.200,00 € for treatment under supervision of the chief physician.

Each sum includes hospitalization fees, materials, medication, intensive care, physiotherapy, echocardiography, x-ray, ecg, and laboratory examinations. Standard room accommodation is provided.

Please note, that the indicated prices are lump-sums, and that in the case of non-utilization of the mentioned maximum hospitalization period, this will not lead to a reduction of the package price.

Provided either you or your insurance company is willing to cover these expenses, we will request the sum mentioned above to be deposited in advance to the following bank account of the German Heart Institute Berlin (Deutsches Herzzentrum Berlin):

Recipient: Deutsches Herzzentrum Berlin

Bank: Landesbank Berlin -Girozentrale-, Berlin

Account no.: 310 008 000

Bank Sort no.: 100 500 00

S.W.I.F.T.: BELADEBE, IBAN: DE 42 1005 0000 0310 0080 00

Please indicate the name of the patient.

Validity of this quotation is limited to the year of issue.

We will arrange dates for hospital admission and operation as soon as the transfer is confirmed by our bank. If you agree with these terms or should you have any further questions, please do not hesitate to contact case Management + 4930 4593 2868.

Sincerely,

Prof. Dr. med. F. Berger

Head of Dept. for

Congenital Heart Defects/Paediatric Cardiology

Deutsches Herzzentrum Berlin

Stiftung des bürgerlichen Rechts

Prof. Dr. med. Felix Berger

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