



**המרכז הרפואי  
האוניברסיטאי  
הדסה**

סניף ארגון נשות הדסה



Hadassah University Hospital  
Department of Patient Administration  
Private Consultation Service

Date of Issue : 09/10/2018  
Print Date : 09/10/2018  
Reference : 111438  
Record Number : z-002486517

To: CHARITY FOUNDATION "THE CLUB OF KIND PERSONS "

First Name : KALBINUR  
Last Name : SANJIROVA  
Record Number : z-002486517  
Passport Number: 3942297  
Address : KIRGYZSTAN

This is to certify that the patient listed above is in need of medical services costing 14118.00 NIS, the equivalent of 3900.00 US Dollars.

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMT	UNIT COST	US\$ COST	TOTAL
999343	LODGING		1	4706.00	1300.00	4706.00
999343	LODGING		1	4706.00	1300.00	4706.00
999343	LODGING		1	4706.00	1300.00	4706.00

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

1. 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.

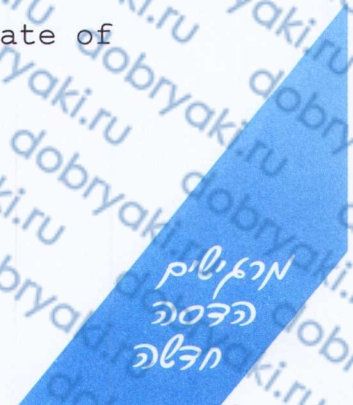
2. Please note the following:

A. You must bring your passport with you.

B. Additional hospitalization days will be charged at the rate of 919.61 USD per day.

עין כרם  
תא דואר 12000 ירושלים 9112001  
הר הצופים  
תא דאר 24035 ירושלים 9124001  
www.hadassah.org.il

הסתדרות מדיצנית הדסה (ח"צ)





# המרכז הרפואי האוניברסיטאי הדסה

סניף ארגון נשות הדסה

Hadassah University Hospital  
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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 3048.07 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.

### 3. Payment:

- A. A deposit of 3900.00 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: IL410124360000000025000  
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.
- B. Accommodation for the patient or for the accompanying person(s) prior to or following hospitalization is the responsibility of the 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](mailto:info@einkeremhotel.co.il) or by phone: 972-2-5608555.
- E. Hotel charges are not included in the aforementioned medical charges.

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

Sincerely,  
Hadassah University Hospital  
Department of Patient Administration

עין כרם  
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הסתדרות מדיצינית הדסה (חל"צ)

מרכז ילדים  
הדסה  
הרצליה



# המרכז הרפואי האוניברסיטאי הדסה

מסודו של ארגון נשות הדסה

Hadassah University Hospital  
Department of Patient Administration

Clerk: SELA HAGI

Hadassah University Medical Center



INTERNATIONAL

DEPARTMENT

Chagi Sela

פון כרם

תא דואר 12000 ירושלים 9112001

הר הצופים

תא דאר 24035 ירושלים 9124001

[www.hadassah.org.il](http://www.hadassah.org.il)

הסתדרות מדיצינת הדסה (חל"צ)

ארגון נשות  
הדסה  
ירושלם