



Date: 12/02/18

Cost estimation NO: 26510-07

Patient Name: ANDREY SHARKOV

Patient No.: 3712605

The estimated cost of this evaluation\ treatment is: 29,672.80 USD as follows:

#	Description of services	Quantity	USD
1	Laryngoscopy tracheoscopy usd		
2	Medical consultation	3.00	30,081.00
3	Hospitalization		
4	Blood and laboratory tests		
5	Decannulation usd		
6	Medical consultation	1.00	7,010.00
7	Hospitalization		
8	Blood and laboratory tests		
Sum			37,091.00
Discount:			7,418.20
Sum after discount			29,672.80

** Based on cash exchange rate 3.52

Please note: Including the following procedures as required and related to airways disorders treatments - up to 1 month period following the surgery date.

The cost estimate above will be valid for 6 months

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The above mentioned medical evaluation and treatment, cost and length of stay are according to the best of our abilities. They do not cover unexpected medical complications, medications, devices and services purchased outside the hospital and any additional expenses, e.g., accommodation, extras, transportation, etc., neither for the patient and nor for the accompanying person. The Medical Center is entitled to change



or not to perform the suggested medical treatment and this according to the actual medical condition of the patient at the time of arrival.

It is of paramount importance that all available original clinical, laboratory (especially pathological and hematological slides) and imaging data (X-rays, CT-scans, US-pictures) should be brought to us together with the patient.

In order to be registered and to open a medical file at the medical center please send us the following:

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. Official bank transfer request/ receipt for the advance payment to:

Bank Hapoalim, Beit Asia
Weizman st. 4, Tel-Aviv, Israel

Bank Code:12
Branch No: 567
Account No: 130533

"Tel Aviv Medical Center Research And Development Fund And Health Services"

SWIFT code: poalilit

IBAN no: IL29-0125-6700-0000-0130-533

Please bring a credit card with you as a deposit regardless of the manner of payment (payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

Sincerely,
SHIRLY SADEH

Medical Tourism



Patient's name

Signature

Date