

Tel Aviv Medical Center Research And Development  
Fund And Health Services. Association No. 580007102  
**MEDICAL TOURISM**

Date: 27/06/19

**Cost estimation NO:** 27925-10**Patient Name:** ULIANA SHIBINA**Patient No.:** 2878733

The estimated cost of this evaluation\ treatment is: 45,855.15 EURO as follows:

#	Description of services	Quantity	EURO
1	Lower limb lengthening for deformity corlower limb lengthening for deformity coration	1.00	23,989.22
2	Inpatient hospitalization, per day, up to 3 days after surgery .	3.00	2,364.72
3	Inpatient hospitalization, per day, for fourth day or longer	11.00	7,538.19
4	Blood and laboratory tests	1.00	490.20
5	Additional inpatient daycharge	3.00	2,058.81
6	Blood typing and ab screen	1.00	164.46
7	Tibia and fibula ct, without and with contrast material	2.00	514.22
8	Outsourced service	2.00	8,735.30
<b>Sum</b>			<b>45,855.15</b>

\*\* Based on cash exchange rate 4.08

The above mentioned medical evaluation and treatment, cost and length of stay are according to the b 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 ch or not to perform the suggested medical treatment and this according to the actual medical condition o 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 w the patient.

**The cost estimate above will be valid for 3 months.**

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

1. Photocopy of your valid passport.



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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.

**MEDICAL TOURISM**  
TEL AVIV MEDICAL CENTER  
WEIZMAN st. TEL AVIV 642396  
ISRAEL

Sincerely,  
**LIMOR ZURIEL**  
Medical Tourism

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date