



Patient: Tarkhanyan Menua
Passport:
Z Number: 4897679

Date: 24/10/23
L.T. No.: 514981190

Price Offer 6228

#	Item No.	Description	Quantity	Price	Qty UoM	Total
1	3912	Pharmaceuticals Voxzogo*6	1	€ 58,472.00	1	€ 58,472.00

including delivery

Important note:

It is necessary to send the «Route card» SWIFT issued by the bank sender.
Необходимо выслать «Маршрутную карту» SWIFT, выданную банком-отправителем.

Total Tax Exempted € 58,472.00

Bank Details for Payment:

Account name: Health Plus WMA LTD
Bank name: Mercantile Discount Bank LTD
Branch 661 Kanfei Nesharim
Branch address: Kanfei Nesharim 24, Jerusalem, Israel
Swift code: BARDILITXXX
IBAN USD: IL050176610000067620584
IBAN EURO: IL610176610000077576820
NIS account 32178

Tax (%) 0.0000

Total Due € 58,472.00

Все расходы по осуществлению банковского перевода взимаются банком с плательщика. Система OUR
All bank transfer fees must be paid by the payer's bank. OUR system

* Money that were not used for the payment of medical and other services will be returned to the account of the payer, from which the transfer is performed to our account.

* Неиспользованные для оплаты медицинских и других услуг денежные средства будут возвращены на счёт плательщика, с которого будет выполнен перевод на наш счёт.

According to Israeli law, cash payment is limited to price offers that do not exceed 55,000 NIS or the equivalent in foreign currency on the day of payment.
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 2300.00USD per day.

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 4000.00 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.

Signature: 
בריאות פלוס שרת ורפואה
בין לאומי בע"מ
HEALTH PLUS LTD
WORLD MEDICAL ADVISER
שמואל פריד 514981190