



**ამერიკული  
ჰოსპიტალი თბილისი**

**American Hospital Tbilisi**

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E-mail: [info@ahtbilisi.com](mailto:info@ahtbilisi.com)  
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To Payer:

The club of kind persons charitable foundation. Address:  
Pokrovka str.1/13/6, building 2, compartment 5, room 1,  
101000, Moscow, Russia  
VIA E-mail: [info@dobryaki.ru](mailto:info@dobryaki.ru)

**Cost Estimate № 692 for medical treatment for**

**DATE: 26.06.2023**

**Vasilev Arsenii, born 27.09.2009**

Personal Number:

Dear ladies and gentleman,

The estimate is solely based on the presented medical records and can be revised upon the initial Medical examinations, costs for this procedure will be:

1)	Surgical procedure (Perkutane Myofasziotomie, intraosseous osteosynthesis) includes maximum of 5 days of hospitalization, postoperative rehabilitation maximum 10 days	25000 EUR
		<b>TOTAL: 25000 EUR</b>

Please note, that should the hospitalization period be shorter than the above mentioned maximum numbers of days, there would be no reduction in the package price. We request the sum mentioned above to be deposited in advance to the following bank account of the Hospital:

Beneficiary:	American Hospital Tbilisi
Address:	U.Chkheidze #17, 0102 Tbilisi, Georgia
Account №:	GE41TB7374836120100003
Bank:	TBC Bank JSC
Swift:	TBCBGE22
Payment Reference:	Cost Estimate № and Patient Name

Best Regards,

Patient Financial Services director  
Lika Lortkipanidze