



საქართველო
კონსპირაციის ფონდისთვის

American Hospital Tbilisi

U.Chkheidze #17, 0102 Tbilisi, Georgia
Phone: +995 32 009 009
E-mail: info@ahtbilisi.com
www.ahtbilisi.com

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

Cost Estimate № 1022/2023 for medical treatment for

DATE: 11.10.2023

Vavilov Kirill, born 10.08.2008

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) includes maximum of 5 days, postoperative rehabilitation maximum of 10 days	18400 USD
		TOTAL: 18400 USD

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 №:	GE68TB7374836120100002
Bank:	TBC Bank JSC
Swift:	TBCBGE22
Payment Reference:	Cost Estimate № and Patient Name

Best Regards,

Patient Financial Services director

Lika Lortkipanidze

