



HADASSAH UNIVERSITY MEDICAL CENTER

Founded by Hadassah, the Women's Zionist Organization of America

Hadassah University Hospital
Department of Patient Administration
Private Consultation Service

Date of Issue : 25/03/2019
Print Date : 25/03/2019
Reference : 116310
Record Number : z-002402787

To: CHARITY FOUNDATION "THE CLUB OF KIND PERSONS"
First Name : ANGELA
Last Name : ILINA
Record Number : z-002402787
Passport Number:
Address : RUSSIA



This is to certify that the patient listed above is in need of medical services costing 10144.00 NIS, the equivalent of 2811.53 US Dollars.

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMT	UNIT COST	US\$ COST	TOTAL
999343	LODGING		1	5072.00	1405.76	5072.00
999343	LODGING		1	5072.00	1405.76	5072.00

This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.

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.

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Hadassah Medical Organization (PBC)

Ein Kerem

P.O.B. 12001, Jerusalem 9112001, Israel

Mount Scopus (Har Hatzofim)

P.O.B. 24035, Jerusalem 9124001, Israel

www.hadassah.org.il



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- B. Additional hospitalization days will be charged at the rate of 1768.85 USD 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 3080.10 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.

3. Payment:

- A. A deposit of 2811.53 USD is required, prior to the initial assessment.
- B. For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. Please keep in mind that it takes approximately 3 working days to credit the Hospital's account.
- C. In such cases, payment should be made payable to:
Hadassah Medical Organization - Swift Code POALILITXXX
BANK HAPOLIM, Har Hotzvim #436, 1 Hamarpe St.,
JERUSALEM Israel,
IBAN CODE: IL410124360000000025000
Account number: 25000.
Please fax a copy of your bank transfer to fax #972-2-6776600.

4. Accommodations:

- A. Hadassah does not provide accommodations to any person(s) accompanying the patient during hospitalization.
- B. Accommodation for the patient or for the accompanying person(s) prior to or following hospitalization is the responsibility of the patient.
- C. Accommodations at the Ein Kerem Hotel on campus can be arranged.
- D. Bookings can be made via email at: info@einkeremhotel.co.il or by phone: 972-2-5608555.
- E. Hotel charges are not included in the aforementioned medical charges.

We encourage you to contact us if you require any additional information or assistance via the internet at: INTERNATIONAL@hadassah.org.il or by phone: 972-2-6779111.

Sincerely,
Hadassah University Hospital
Department of Patient Administration

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Clerk: BANGEN LILIA

Signature

Hadassah University Medical Center



INTERNATIONAL
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