



Tel Aviv Medical Center Research and Development Fund and Health Services  
Registered association 580007102  
**MEDICAL TOURISM**

תאגיד הבריאות הישראלי המרכז הרפואי תל אביב (ע"ר)  
מספר עמותה 580007102  
**תיירות מרפא**

Date: 24/04/23

Cost estimation NO: 43747-02

Patient Name: YELISEI CHVARKOU

Patient No.: 4923956

The estimated cost of this evaluation\ treatment is: 76,057.38 USD as follows:

#	Description of services	Quantity	USD
1	Medical consultation	1	174.86
2	Pet ct scan	1	1,507.38
3	Orthopedic oncologic surgery, destructive and reconstructive surgery	1	63,272.40
4	Inpatient hospitalization, per day, up to 3 days after surgery .	3	2,868.85
5	Inpatient hospitalization, per day, for fourth day or longer	7	5,821.86
6	Additional inpatient daycharge icu	2	1,665.03
7	Blood and laboratory tests	1	546.45
8	Blood typing antigen screening for comp blood typing antigen screening for comper unit screened	1	200.55
	<b>Sum</b>		<b>76,057.38</b>

\*\* Based on cash exchange rate 3.66

*Przemyslaw*  
550

The above mentioned medical evaluation and treatment, cost and length of stay are according to the best of 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 change or not to perform the suggested medical treatment and this according to the actual medical condition of the 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 with the patient.

The cost estimate above will be valid for 1 months.

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

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. Official bank transfer request/ receipt for the advance payment to:

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רח' ויצמן 6, תל-אביב 6423906 | טל 03-6973426 | פקס: 03-6974594 | מספר עמותה 580007102

6 Weizmann St. Tel Aviv, 6423906, Israel | Tel:+972-3-6973426 | Fax: +972-3-6974594

אתר תיירות מרפא: <https://ichilov-clinic.gov.il> Medical Tourism Site: