



Hadassah University Hospital
International Patient Department
Private Consultation Service

Patient First Name: ILIA
Patient Last Name: DOLGIKH
Record Number: Z-4280876
Passport Number/Nationality: 727834867

Date of Issue: 23/03/2023
Print date: 23/03/2023
Reference: 30512433/52262939

This is to certify that the patient listed above is in need of medical services costing **245,650 USD**

Service code	Service name	Doctor's Name	Amount	Unit cost USD	Total cost in USD
999844	HOSPITALIZATION		60	1,934	116,040
887	PEDIATRIC CHEMOTHERAPY ONCOLOGY DAYCARE		50	1,342	67,100
999103	LABORATORY TESTS			38,440	38,440
996430	LUMBAR PUNCTURE		10	739	7,390
123008	SEDATION		10	645	6,450
999777	PRIVATE CONSULTATION	Dr. Weinrab Sigal	10	557	5,570
227205	CT CHEST, ABDOMEN AND PELVIS		5	320	1,600
227779	RADIOLOGIC PRIVATE CONSULTATION- TOURIST	Dr. Benjamin Koplewitz	5	612	3,060
Total cost					245,650

* Does not include medication

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

According to the Israeli law, cash payment is limited to price offers that do not exceed 40,000 NIS, or the equivalent in foreign currency on the day of payment.

This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days/procedures/implants.

The final price will be determined in accordance with the actual procedure that is performed.

This quote is valid for 90 days.

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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 treatment.

Please note the following:

1. Please make sure to bring your passport which is mandatory for registration.
2. Additional hospitalization days will be charged at the rate of **1,934.00 USD** per day.
3. Any days requiring hospitalization in the ICU (Intensive Care Unit) will be charged in addition to the charge in section 2 at the rate of **3345.00 USD** per day
4. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.

C. Payment:

Full payment of **245,650 USD** is required prior to the initial treatment.

For your convenience, a bank transfer can be made

to the Hadassah Medical Organization account. (Please keep in mind that it takes approximately 3-5 business days to credit the hospital's account).

Payment should be made payable to:

Hadassah Medical organization- swift code POALILITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL410124360000000025000

Account Number 25000

Please send a copy of your bank transfer (swift) to: International@hadassah.org.il

Please do not hesitate to contact us if you require any additional information or assistance via mail to bid@hadassah.org.il

Sincerely,
International Patient Department

Hadassah University Medical Center
 **INTERNATIONAL
PATIENT
DEPARTMENT**

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Hadassah Medical Organization (PBC) **Ein Kerem**
P.O.B. 12000, Jerusalem 9112001, Israel
Mount Scopus (Har Hatzofim)
P.O.B. 24035, Jerusalem 9124001, Israel
www.hadassah.org.il