



Date: 15/11/20

Cost estimation NO: 40091-01

Patient Name: ARTEM BROVKO

Patient No.: 4489155

The estimated cost of this evaluation\ treatment is: 37,186.31 USD as follows:

#	Description of services	Quantity	USD
1	Preview consultation to determine treatment plan	2.00	892.86
2	Medical consultation	3.00	571.43
3	Ecg, with interpretation	1.00	19.64
4	Ped echo	1.00	234.52
5	Blood typing and ab screen	1.00	206.25
6	Brain mri, without and with contrast material	1.00	937.50
7	General anesthesia for procedure, mri guidance	2.00	1,299.40
8	Ct	1.00	322.32
9	Additional inpatient daycharge icu	2.00	1,721.43
10	Blood and laboratory tests	1.00	595.24
11	Inpatient hospitalization, per day, for fourth day or longer	4.00	3,439.29
12	Inpatient hospitalization, per day, up to 3 days after surgery .	3.00	2,966.07
13	Craniotomy	1.00	23,847.32
14	Additional charge for mri contrast materials	1.00	133.04
Sum			37,186.31

** Based on cash exchange rate 3.36

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 3 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:

Bank Hapoalim, Beit Asia

Weizman st. 4, Tel-Aviv, Israel

Bank Code:12

Branch No: 567

Account No: 130533

"Tel Aviv Medical Center Research And Development Fund And Health Services"

SWIFT code: poalilit

IBAN no: IL29-0125-6700-0000-0130-533

Please bring a credit card with you as a deposit regardless of the manner of payment
(payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

MEDICAL TOURISM
TEL AVIV MEDICAL CENTER
WEIZMAN ST. TEL AVIV 642396
ISRAEL

Sincerely,

SHIRLY SADEH

Medical Tourism

Patient's name

Signature

Date