

Hadassah University Hospital  
 International Patient Department  
 Private Consultation Service



Date of Issue: 01/02/2022

Print date: 01/11/2021

Reference: 50976626

Record Number: 3411423-7

To:

First Name: EVA

Last Name: KOVAL

Record number: 3411423-7

Passport number: 792684

This is to certify that the patient listed above is in need of medical

Services costing 6,251 USD

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMOUNT	USD COST	TOTAL COST
333	PEDIATRIC OPTALMIC CLINIC		1	2,181	2,181
997148	EXAMINATION UNDER GENERAL ANESTHESIA	JACOB PE'ER	1	4,070	4,070

**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 NIS 55,000 or equivalent in foreign currency on the day of payment.**

Hadassah University Hospital  
International Patient Department  
Private Consultation Service

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Record Number: 3411423-1

1. This quote is not final and is dependent upon the procedure that is preformed, 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.

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. Please make sure to bring your passport which is mandatory for registration.
- B. Additional hospitalization days will be charged at the rate of 931.86 USD per day.
- C. Any days requiring hospitalization in ICU (intensive care unit) will be charged, in addition to the charge in section B, at the rate of 3101.50 USD per day.
- D. If the patient is a minor, or unable to make decisions for himself, a parent or a legal guardian must be present.

3. Payment :

- A. Full payment of 6,251 USD is required, prior to the initial treatment.
- B. For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. Please keep in mind that it takes approximately 3-5 business days to credit the Hospital's account.
- C. In such cases, payment should be made payable to :  
Hadassah Medical Organization – Swift Code POALITXXX  
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 #972-2-6779577  
Or by email .billing@hadassah.org.il

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International Patient Department  
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Reference: 50976626

Record Number: 3411423-7

4. Accommodations:

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

We encourage you to contact us if you require any additional information or assistance at: [INTERNATIONAL@hadassah.org.il](mailto:INTERNATIONAL@hadassah.org.il) or by phone: 972-2-6779111.

Comments:

Sincerely,  
Hadassah University Hospital  
International Patient Department  
Clerk:



Signature





Patient First Name: EVA  
 Patient Last Name: KOVAL  
 Record Number: Z - 3411423  
 Passport Number/Nationality: 792684

Date of Issue: 01.11.2021  
 Print date: 01.11.2021  
 Reference: 30182119  
 Fund Name

**This is to certify that the patient listed above is in need of medical services costing 47,942 USD**

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMOUNT	USD COST	TOTAL COST
997327	NEUROENDOVASCULAR THERAPEUTIC PROCEDURE	PROF. COHEN	1	27,262	27,262
227064	THERAPEUTIC ANGIOGRAPHY NEURO		1	20,680	20,680
	<b>TOTAL CHARGES</b>				<b>47,942</b>

**Including up to 3 days hospitalization**

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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 treatment.

Please note the following:

1. Please make sure to bring your passport, which is mandatory for registration.

Additional hospitalization days will be charged at the rate of 2000 USD per day.

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 3500 USD per day

2. 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 **47,942 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](mailto: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](mailto:bid@hadassah.org.il)

Sincerely,

International Patient Department

Hadassah University Medical Center  
 **INTERNATIONAL  
DEPARTMENT**



Hadassah University Hospital  
 International Patient Department  
 Private Consultation Service

Date of Issue: 01/02/2022

Print date: 01/11/2021

Reference: 50976717

Record Number: 3411423-r

To:

First Name: EVA

Last Name: KOVAL

Record number: 3411423-r

Passport number: 792684

This is to certify that the patient listed above is in need of medical

Services costing 11,945 USD

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMOUNT	USD COST	TOTAL COST
999777	PRIVATE CONSULTATION	JACOB PE'ER	1	643	643
227502	MRI - HEAD		1	0	0
227293	Additional charge for MRI contrast material(s)		1	146	146
227881	MRI UNDER GENERAL ANESTHESIA PER PATIENT		1	5,183	5,183
227779	RADIOLOGIC PRIVATE CONSULTATION-TOURIST	MOSHE GOMORI	1	706	706
684	PEDIATRIC CLINIC HEMATO-ONCOLOGY DAY CARE		1	418	418
233294	BRCA1/BRCA2 somatic mutations analysis, breast/ovarian cancer		1	2,029	2,029
295	GENETIC CONSULTATION		1	313	313



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887	PEDIATRIC CHEMOTHRAPY ONCOLOGY DAY CARE		1	1,484	1,484
785	PEDIATRIC HEMATO-ONCOLOGY DAY CARE		1	1,023	1,023

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- C. In such cases, payment should be made payable to :  
Hadassah Medical Organization – Swift Code POALILITXXX  
BANK HAPOALIM, HAR HOTZVIM #436, 1 HAMARPE ST. JERUSALEM, ISRAEL  
IBAN CODE: IL41012436000000025000  
Account number: 25000.  
Please fax a copy of your bank transfer to fax #972-2-6779577  
Or by email .billing@hadassah.org.il

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Comments:

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