Patient First Name: KSENIA Patient Last Name: SHKARUPINA Record Number: Z- 3555500

Passport Number/Nationality:

G8430270



CENTER

Founded by Hadassah, the Women's Zionist Organization of

America

HADASSAH UNIVERSITY M E D I C



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Date of Issue: 28.03.2022 Print date:

28.03.2022

Reference: 51398546

This is to certify that the patient listed above is in need of medical services costing 337,847 USD

Service	Service name	Doctor's Name	Number	Unit	Total cost
code	20.		of units	cost	USD
و ر	O D			USD	
999777	PRIVATE CONSULTATION	DR.	15	630	9,450
70		GOLDSHTEIN			6.6
999001	HOSPITALIZATION	,0)	50	2,131	106,550
999001	PICU	N. A.	12	3,682	44,184
226357	F-DOPA		6	7,115	42,690
999777	PRIVATE CONSULTATION	DR. OREVI	6	630	3,780
684	PEDIATRIC CLINIC		10	418	4,180
785	HE-MATO-ONCOLOGY DAY CARE		20	1,025	20,500
997452	BONE MARROW ASPIRATION	DR.	5	2,427	12,135
ò		GOLDSHTEIN	N.		S
217327	BONE MARROW ASPIRATION		5	225	1,125
217385	IMMUNOPHENOTYPING OF	/II	5	1,587	7,935
2	LYMPHOCYTE	◇			, XXX
, o	SUBSETS	Z/X			1
233055	FISH	80	5	1,748	8,740
510178	GENOTYPE DIAGNOSTIC KARYOTYPE	11	5	1,703	8,515
510061	KARYOTYPE IN BONE MARROW		5	885	4,425
510440	MOLECULAR CYTOGENETICS FISH IN		5	763	3,815
	BONE				
	MARROW		O'YYY		
233837	PATHOLOGY CONSULTATION	ر	25	935	4,675
233011	HISTO-PATHOLOGY		5		
123008	SEDATION		5	712	3,560

217336	MOLECULAR DIGNOSIS OF MALIGNANT	5	885	4,425
	DISEASE			
7186	BONE MARROW-MORPHOLOGY	5	225	1,125
	DESCRIPTION			

123008	SEDATION
217336	MOLECUI
	DISEASE
217186	BONE MA
	DESCRIPT

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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

			www	i.nadassan.org.	
217415	B- AND T-CELLREARRANGMENT		5	641	3,205
233037	IMMUNOHISTOHISTOCHEMICALLY STAINS		5	1,028	5,
					140
997457	ECHO CARDIOGRAPHY	DR. GOLENDER	3	690	2,070
293039	ECHO CARDIOGRAPHY		3	257	771
160084	AUDIOMETRY		3	142	426
160055	TIMPONOMETRY		3	47	141
227881	MRI UNDER ANESTHESIA		4	5,192	20,768
227293	CONTRAST		4	146	584
227779	RADIOLOGY CONS. PROF. GOMORY	N/D	4	714	2,856
997681	PORT A CATH	PROF. BLOOM	1	6,561	6,561
227587	PORT A CATH		1	3,516	3,516
	TOTAL CHARGES		170		

The price does not include price of medications

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 55,000 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/!mplants.

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



HADASSAH UNIVERSITY M E D I C A L C E N T E R

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Additional hospitalization days will be charged at the rate of 2,105 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 3,665 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 337,847 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 s if you require any add if you require a additiona

information or assistance via mail to

bid@hadassah.org.il

Sincerely, ICal Center

International Patient Department

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DEPARTMENT

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