

Hadassah University Hospital International Patient Department Private Consultation Service



Date of Issue: 03/07/2022

Valid to: 03/10/2022

Print date: 03/07/2022

Reference: 51614834

Record Number: 3521940-T

To:

First Name: KIRA

Last Name: FINAGINA

Record number: 3521940-7

Passport number: 883989

This is to certify that the patient listed above is in need of medical Services costing 31,639 EUR

| Service Code | Service Name | Doctor Name | Amount | EUR Cost | Total Cost |
|-----------------|-----------------|-------------|--------|----------|------------|
| 999403 | PHARMACEUTICALS | | 1 | 31,639 | 31,639 |

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.

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:

Experience the new Hadassah

Ein Kerem
P.O.B. 12000, Jerusalem 9112001, Israel
Mount Scopus (Har Hatzofim)
P.O.B. 24035, Jerusalem 9124001, Israel
www.badassab.org.il



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- A. Please make sure to bring your passport which is mandatory for registration.
- B. Additional hospitalization days will be charged at the rate of 1872.18 EUR 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 3259.97 EUR 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.

Payment:

- A. Full payment of 31,639 EUR 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 POALILITXXX
 BANK HAPOALIM, #436, HAROKMIM ST. 26, HOLON, 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

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 or by phone: 972-2-5608555.
- C. Hotel charges are not included in the aforementioned medical charges.

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

Comments:

Sincerely,

Hadassah University Hibspitath University Medical Center

International Patient Department NTERNATION

Clerk:

DRPARTMENT

Signature

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Hadassah Medical Organization (PBC) | www.ha

Ein Kerem P.O.B. 12000, Jerusalem 9112001, Israel Mount Scopus (Har Hatzofim) P.O.B. 24035, Jerusalem 9124001, Israel www.hadassah.org.il Hadassah Medical Organization Pharmacy Division בית החולים האוני<mark>ברסיטאי - הנהלה מרכזית</mark> אגף הרוקחות

ביטנר אורית מנהלת האגף

BITTNER ORIT

Director of Pharmacy Division

נא לחייב קוד 999403

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הזמנה מס':

FINAGINA KIRA

שם החולה:

Z3521940

ת.ז. :

| סה"כ לתשלום | מחיר יחידה | כמות מבוקשת | תאור הפריט |
|-------------|------------|-------------|--------------|
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| | | | |

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: נא לשלוח אישור תשלום לפקס

בכבוד רב,

ביטנר אורית מנהלת האגף

02-6778727 טלפון: 02-6778658