



#	Description of services	Quantity	USD
24	Blood and laboratory tests	4.00	2,127.66
Sum			161,892.02

** Based on cash exchange rate 3.76

Please note: This estimation cost includes medications which are only related to the transplantation

Starting from the date of your transplantation, you will need to remain near the hospital for three months for medical follow-up.

NOT INCLUDED

Treatment for basic disease.

Tissue typing before transplantation, donor search - 12,000 Euro

This amount must be paid in advance.

Any additional surgery except the transplantation will be charge separately.

Please be advised that the fees does not include dental treatment

For the avoidance of doubt, after the transplantation the price is final, whether the patient used the procedures during the follow up or not, for any reason

The above mentioned medical evaluation and treatment, cost and length of stay are according to the b 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 ch or not to perform the suggested medical treatment and this according to the actual medical condition o 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 w the patient.

The cost estimate above will be valid for 1 months.

In order to be registered and to open a medical file at the medical center please send us the follow



Aviv Medical Center Research and
Development Fund and Health Services
registered association 580007102

MEDICAL TOURISM

תאגיד הבריאות ליד המרכז הרפואי תל-אביב (ע"ר)
מספר עמותה 580007102
תיירות מרפא

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- Shaul Hamelech

Address: Daniel Frisch St 3, Tel Aviv-Yafo, Israel

Bank Code:12

Branch No: 532

Account No: 130539

Account name: Tel Aviv Medical Center Research And Development Fund And Health Services

SWIFT code: POALILIT

IBAN no: IL74-0125-3200-0000-0130-539

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.



Sincerely,
SHIRLYS
Tel Aviv Medical Center
Medical Tourism
Weizmann, Israel

Марина
Patient's name

[Signature]
Signature

9.04.2024
Date

