

Hadassah University Hospital  
Department of Patient Administration  
Private Consultation Service

Date of Issue : 29/10/2020  
Print Date : 29/10/2020  
Reference : 130343  
Record Number : z-003218265



To:  
First Name : SAVELI  
Last Name : BOYKO  
Record Number : z-003218265  
Passport Number: 724638  
Address :  
RUSSIA

This is to certify that the patient listed above is in need of medical services costing 27738.00 NIS, the equivalent of 8175.07 US Dollars.

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMT	UNIT COST	US\$ COST	TOTAL
326	NEUROLOGY PEDD		7	2211.00	651.64	15477.00
999777	PRIVATE CONSULT	DOCTOR GENERAL D	4	2030.00	598.29	8120.00
999893	* MEDICAL CARE D		1	4141.00	1220.45	4141.00

(Including up to \_\_ days of hospitalization)

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

1. This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days.

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.

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Department of Patient Administration

2. Please note the following:

- A. **You must bring your passport with you.**
- B. Additional hospitalization days will be charged at the rate of 1958.74 USD per day.
- C. Any days requiring hospitalization in the ICU (intensive care unit) will be charged, in addition to the charge in section B, at the rate of 3409.96 USD per day.
- D. If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.

3. Payment:

- A. A deposit of 8175.07 USD is required, prior to the initial assessment.
- 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 working 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, Har Hotzvim #436, 1 Hamarpe St.,  
JERUSALEM Israel,  
IBAN CODE: IL410124360000000025000  
Account number: 25000.  
Please fax a copy of your bank transfer to fax #972-2-6776600.

4. Accommodations:

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

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

Sincerely,

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Hadassah

Hadassah University Hospital  
Department of Patient Administration

Hadassah University Hospital  
Department of Patient Administration  
Clerk: SELA HAGI

*Hadassah University Medical Center*



**INTERNATIONAL**  
**DEPARTMENT**

Signature

**Chagi Sela**

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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](http://www.hadassah.org.il)



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Last Name : BOYKO  
Record Number : z-003218265  
Passport Number: 724638  
Address :  
RUSSIA



This is to certify that the patient listed above is in need of medical services costing 50634.00 NIS, the equivalent of 14923.08 US Dollars.

SERVICE CODE	SERVICE NAME	DOCTOR NAME	AMT	UNIT COST	US\$ COST	TOTAL
999001	HOSPITALIZATION		2	7857.00	2315.65	15714.00
999101	INTENSIVE CARE		2	13680.00	4031.83	27360.00
999893	* MEDICAL CARE D		1	7560.00	2228.12	7560.00

(Including up to \_\_ days of hospitalization)

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2. Please note the following:

- A. You must bring your passport with you.
- B. Additional hospitalization days will be charged at the rate of 2315.65 USD per day.
- C. Any days requiring hospitalization in the ICU (intensive care unit) will be charged, in addition to the charge in section B, at the rate of 3409.96 USD per day.
- D. If the patient is a minor, or unable to make decisions for himself, a parent or legal guardian must be present.

3. Payment:

- A. A deposit of 14923.08 USD is required, prior to the initial assessment.
- 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 working 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, Har Hotzvim #436, 1 Hamarpe St.,  
JERUSALEM Israel,  
IBAN CODE: IL410124360000000025000  
Account number: 25000.  
Please fax a copy of your bank transfer to fax #972-2-6776600.

4. Accommodations:

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

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