



Hadassah University Hospital
International Patient Department
Private Consultation Service

Patient First Name: FEDOR
Patient Last Name: MASLOV
Record Number: Z-5398644
Passport Number/Nationality: 765441082

Date of Issue: 09/07/2024
Print date: 11/07/2024

This is to certify that the patient listed above is in need of medical services costing 377,500 USD

Service code	Service name	Doctor's Name	Amount	Unit cost USD	Total cost in USD
999001	HOSPITALIZATION		60	2,066	123,960
897	HEMATO-ONCOLOGY DAY CARE + CHEMOTHERAPY		100	1,800	180,000
997452	BONE MARROW ASPIRATION		4	2,640	10,560
217327	BONE MARROW ASPIRATION		4	216	864
217385	IMMUNOPHENOTYPING OF LYMPHOCYTE SUBSETS		4	1,524	6,096
233055	FISH		4	1,678	6,712
510178	GENOTYPE DIAGNOSTIC KARYOTYPE		4	1,635	6,540
510061	KARYOTYPE IN BONE MARROW		4	849	3,396
510440	MOLECULAR CYTOGENETICS FISH IN BONE MARROW		4	732	2,928
217336	MOLECULAR DIAGNOSIS OF MALIGNANT DISEASE		4	849	3,396
217186	BONE MARROW-MORPHOLOGY DESCRIPTION		4	216	864
217415	B- AND T-CELL REARRANGEMENT		4	615	2,460
123008	SEDATION		5	689	3,445
999777	PRIVATE CONSULTATION		25	551	13,775
997457	ECHO CARDIOGRAPHY	DR. GOLENDER	2	666	1,332
293039	ECHO CARDIOGRAPHY		2	249	498
227198	CT FULL BODY SCAN UNDER ANESTHESIA		3	1,001	3,003
227881	MRI BRAIN UNDER ANESTHESIA		1	5,033	5,033
227293	ADDITIONAL CHARGE FOR MRI CONTRAST MATERIAL		1	142	142
227779	RADIOLOGY CONSULTATION		4	624	2,496
Total					377,500

* Does not include medication

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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 (PBC)

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 40,000 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/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 treatment.

Please note the following:

1. Please make sure to bring your passport which is mandatory for registration.
2. Additional hospitalization days will be charged at the rate of **2,035.00 USD** per day.
3. 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 **3,550.00 USD** per day
4. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.
5. This quote may be changed based on the treatment instructions of the treating physicians.
6. Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care. They will be charged based on Hadassah's rate at the time of treatment.

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C. Payment:

A full payment of **377,500 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 POALITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL41012436000000025000

Account Number 25000

Please send a copy of your bank transfer (swift) to: International@hadassah.org.il

Please do not hesitate to contact us if you require any additional information or assistance via mail
to fyodor@hadassah.org.il



Sincerely,
International Patient Department

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