



To:

First Name: NIKOL

Date of Issue: 23/01/2024

Last Name: KARAKOLEVA

Record number: Z-5119495

Passport number: 389561072

This is to certify that the patient listed above is in need of medical Services costing **14910 EURO**

| Service Code | Service Name | Doctor Name | Amount | EURO Cost | Total Cost |
|--------------|---------------|-------------|--------|-----------|------------|
| 999343 | Accommodation | | 7 | 2240 | 15680 |

Our Bank information for EURO payment:

Account name: WEMED LTD

Swift code: BARDILITXXX

IBAN: IL690177460000088574425

Bank name: Mercantile Discount Bank LTD

Branch name: ROMEMA Jerusalem, Israel

Branch address: Jeremia 48, Zip 9446728. City, JERUSALEM Branch number: 0746

Account number: 0088574425

All bank transfer fees must be paid by the payer's bank. OUR system

** Money that were not used for the payment of medical and other services will be returned to the account of the payer, from which the transfer is performed to our account.*