

**PRICE INFORMATION FORM**

28.07.2023

<b>PATIENT'S NAME</b>	<b>EMILIYA ALEKSIEVA</b>
<b>ESTIMATED TREATMENT LOCATION</b>	<b>VM KOCAELI HOSPITAL, KOCAELI</b>
<b>PHYSICIAN'S NAME</b>	<b>SPEC. DR. MEHMET ASLAN</b>
<b>TREATMENT PROPOSED</b>	<b>MEDICAL ONCOLOGY</b>
<b>TREATMENT PACKAGE</b>	
<ul style="list-style-type: none"><li>• <b>MEDICAL THERAPY</b></li></ul>	
<b>ESTIMATED COST:</b>	<b>3.500 EURO</b>
<b><u>The package does not include;</u></b> <ul style="list-style-type: none"><li>✓ Charges for inpatient stays in excess of indicated days of hospital stays</li><li>✓ Medications and treatment for pre-existing or non-procedure related conditions</li><li>✓ Personal expenses such as phone calls, room services etc.</li><li>✓ Take home medications and supplies</li><li>✓ Agreed hospital rates will be applied for additional services or items not included in the package</li></ul>	
<b><u>Additional information regarding the treatment;</u></b> <ul style="list-style-type: none"><li>✓ Free of charge translating services</li><li>✓ Free of charge Airport-Hotel-Hospital transfers</li><li>✓ The need for further procedures other than the foreseen treatment plan mentioned above will be evaluated upon the clinical examination and status of the patient.</li></ul>	

## Finance

1. All payments for medical services are expected before or on the first appointment date for self-pay patients. You may either pay with a credit card, money order or bank wire the funds. During the treatment, care or recovery process, the final state of the bill will be checked within weekly intervals to verify if any extra payments are needed beyond the estimations given and the payments needed, will be collected according to this verification...
2. For patients possessing International insurance, please contact your International coordinator to verify benefit eligibility and authorization for the visit when you receive this letter.
3. Any balance or credit remaining on your account after departure will be debited or credited back to the credit card number on file.
4. The responsibility of payment of the patient's transfer to another location by air travel or land ambulance in case of any need during or after the treatment process must be considered in advance and taken in charge by the patient/legal representative of the patient.

## Signature:

- The above referenced costs are **ESTIMATES** for the foreseen treatment plan and are intended only as a guide to assist you in preplanning your visit. The actual final charges may vary from initial estimated amount.
- These cost estimations do not cover any price changes due to any complications.
- Package prices exclude pathology, attendance and special material costs.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing

With the document hereby, I, ....., certify that I perfectly understand Medical Park Hospitals Group International Patient Services treatment planning and services policy and guarantee to make my payments according to Medical Park Hospitals Group payment procedure.

Last Name – First Name:

Signature:

**BANK ACCOUNT DETAILS: Account owner (Head Office): Mediplaza sađlık Hizmetleri A.Ş.  
VM Kocaeli Medical park hastanesi  
Bank name: DENİZBANK**

BANK NAME	BRANCH NAME	CURRENCY	ACCOUNT NO	IBAN NO	SWIFTCODE
DENİZBANK	AVRUPA KURUMSAL- 9068	EUR	5707327-357	TR590013400000570732700023	DENITRISXXX
DENİZBANK	AVRUPAKURUMSAL- 3390	USD	5707327-359	TR050013400000570732700025	DENITRISXXX

Mediplaza Sađlık Hizmetleri Ticaret A.Ş.  
Kocaeli Şubesi  
Ovacık Mah. D-100 Karayolu Üzeri  
No: 36 Başiskele/KOCAELI  
İlyasbey VD. 613.072 1685  
Ticaret Sicil No: 2462