

Date – 11/01/2017

PROFORMA INVOICE

Patient's Name : Maksim Kolosov
Uhid no : MM00921884
Quote : 20,000 USD approx (As per single room)
Duration of stay : 12-14 days
Procedure / Diagnosis : Evaluation followed by subsequent treatment(including antibiotic therapy and symptomatic therapy)
Treating Doctor : Dr. Satya Prakash Yadav

Terms Of Payment :

1. Advance Payment is required.
2. The above quote includes the approx. cost of above mentioned treatment.
3. The above quote does not include charges for any cross consultation, special investigations, extended stay, Plasma exchange and treatment for any other illness.
4. Guest House / Hotel charges will be extra (for pre & post discharge stay).
5. Payment can be done by Cash in USD dollars / Major Credit Cards / Wire transfer.(Bank details given below).
6. Refund of wire transfer amount (if any), will be transferred back to the same Bank Account from where the payment has been received.

Bank Details:

Name of the Bank : Yes Bank Limited
Address : 48 Nyaya Marg, Chanakyapuri, New Delhi - 110021
Account No. : 000380200000292
RTGS Code : YESB0000003
Swift Code : Yes Bank Ltd., Mumbai (Swift BIC YESBINBB)
Intermediary Bank : Bank of New York
Swift Code IRVTUS3N
PAN No. : AACCG2681C

Ultimate Beneficiary : Global Health Private Limited

* While transferring the money, please mention the Patient's Name.

* Request you to share the wire transfer receipt/copy with us immediately after the transaction

Regards,



Ankush Singh
Senior Executive
International Patient Services,
Medanta - The Medicity,
Sector - 38, Gurgaon

Mob: + 91 9560398936

Medanta-The Medicity

✚ Sector - 38, Gurgaon, Haryana - 122 001, India
☎ +91 124 4141 414 Fax: +91 124 4834 111

Medanta Mediclinic

✚ E-18, Defence Colony, New Delhi - 110 024
☎ +91 11 4411 4411 Fax: +91 11 2433 1433

Medanta Mediclinic Cybercity

✚ UG Floor, Building 10C, DLF Cyber City, Phase II, Gurgaon 122 002
☎ +91 124 4141 472

Regd. Office: Global Health Private Limited, E-18, Defence Colony, New Delhi - 110 024, India Tel: +91 11 4411 4411 Fax: +91 11 2433 1433

✉ info@medanta.org

www.medanta.org

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