TEL-AVIV MEDICAL CENTER
RESEARCH AND DEVELOPMENT FUND
AND HEALTH SERVICES
6, WEIZMAN ST. TEL AVIV 64239
TEL. 03-6973781
FAX. 03-6973786

קרן מחקרים רפואיים
פיתוח תשתית ושירותי בריאות
ע"י המרכז הרפואי ת"א
רחי ויצמן 6 תל-אביב, מיקוד 64239
טל: 03-6973781
פקס: 03-6973786

Estimated cost for surgery Laryngo-Tracheal Reconstruction

Date: 6/6/2010

NO: t10001902

Estimated costs for surgery Laryngo Tracheal Reconstruction – 31,629.00 Euro

The estimated global cost of this surgery is as follows **31,629.00 Euro**

#	Description of services for surgery	Euro
1.	Hospitalization Intensive Care Unit – up to 10 days	7,023.00
2.	Hospitalization – up to 7 days	3,810.00
3.	Surgery + bronchoscope	12,987.00
4.	Bronchoscope x 2	7,333.00
5.	Blood and laboratory tests, including CBC, chemistry, and other tests as needed	476.00
	Total	**31,629.00**

* In case there will be additional days, the patient will have to add **502.00 Euro** per night.

The hospital fees do not include extraneous expenses, e.g, accommodation, extras, transportation, neither for the patient and nor for the accompanying person. The Tel Aviv Medical Center is entitled to change the recommended medical treatment in accordance with the patient's condition.

We will be happy to see you at The Tel Aviv Medical Center. Please let us know in advance your intended arrival date arrival so that we will be able to set all necessary appointments and tests. In order to be register and to open a medical file at the Medical Center please send us:

1. Photocopy of your valid passport.
2. Signatures on this offer and return it by fax to: 972-3-6974594.
3. Official bank transfer/receipt for the advance payment to bank Hapoalim account no 130533, branch 567.

Please bring a credit card with you as a deposit regardless of manner of payment (payment in advance or by another financing source).

For any additional information or request, please do not hesitate to contact us.

Sincerely,

Medical Tourism
Tel Aviv Medical Center
Weizman st. Tel Aviv 64239
ISRAEL

Tali Rotel
Medical Tourism

Patient's name	signature	6.6.2010 date