



07/4.2.2011

COST ESTIMATE  
4.2.2011

CONTRACT CONCERNING TREATMENT

Name: Iakovenko Kseniia

Procedure: Correctio posterioris am USS/URS/Pangea T4-L5, spondylodesis(NAG53K)

Please find below the following detailed cost estimate concerning your planned operation in the ORTON Orthopaedic Hospital, ward

|   |          |                     |
|---|----------|---------------------|
| Surgery and anaesthesia                                   |          |                     |
| Nursing at ward   | days     | 9                   |
| Physiotherapy   |          |                     |
| Medication  |          |                     |
| Total   | €        | 35000               |
| X-ray, laboratory tests and<br>blood transfusion expenses | €        | 1600                |
| Physician's fees  |          |                     |
| Physician   |          |                     |
| Assistant and anaesthesiologist                           | €        | 1600                |
| <b>Estimated total costs</b>                              | <b>€</b> | <b><u>38200</u></b> |

Extra days, if necessary: € 400-590/day

The cost estimate will be valid for 90 days from the date of estimate.

In the event that the patient, due to complications or other equivalent reasons, must be transferred to another hospital, the patient agrees to pay all the costs incurred due to the medical care given in the other hospital. The cost for stay at the Intensive Care Unit of University Hospital are about 4000€/day.

Additional information is available through \_\_\_\_\_ from the ward at +358-9-47481.

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| Terms of payment<br>Full payment in advance in euro one week before beginning the treatment.<br><br>Costs exceeding the cost estimate will be charged afterwards.<br>In case of overpayment, the hospital will refund the excess amount paid.<br><br>Method of Payment<br>Bank transfer to:<br><br>Account holder: SAIRAALA ORTON OY, HELSINKI, FINLAND<br>BANK ACCOUNT : SAMPO BANK PLC Helsinki, Finland<br>SWIFT code: DABAFIHH<br>IBAN: FI18180001710140055 |
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Signed on behalf of ORTON

Date and sign of patient

*Aija Lehto*  
*A I J A L E H T O N E N*