

February 12, 2012

**Re: Estimated Cost of Treatment-11670E**

To: Taran Natalia  
Ref:

**List of Optional Services**

Description	Quantity	Unit Price (USD)	Total (USD)
Gastroenterologist's consultation	2	520+250	770
Gastrosocopy	1	650	650
Biopsy taken during gastrosocopy	1	350	350
Colonoscopy	1	910	910
Biopsy taken during colonoscopy	1	350	350
MRI	1	1515	1515
Capsule endoscopy	1	2100	2100
<b>Total:</b>			<b>6645US\$</b>
<b>Deposit:</b>			<b>6645US\$</b>

- The final change will be determined according to the final list of services the patient receives.
- **Not Included:** Personal expenses such as accommodations, transportation, etc.
- **Additional Charges:** In addition to hospitalization and ambulatory outpatient care, tourists will be charged for medical tests and procedures administered, and/or medication received during hospitalization, according to prices quoted by the Israeli Ministry of Health.
- **Cancellation and Refund:** Appointments or tests cancelled with less than 24 hours' notice will be not refunded.
- This price quote valid for 30 days.

**Price List (per day)**

Description	Cost per day (US\$)
Intensive Care Hospitalization	\$2,440
Hospitalization	\$1,395
Outpatient Care	\$ 520

**Bank details for Money Transfers**

**Bank Name:** Bank Leumi Le Israel - 10  
**Branch:** Haifa, Haneviim Branch: 702  
**Account no:** 708200/07  
**Account Name:** Health Corporation - Rambam  
**IBAN:** IL 610107020000070820007

**Swift no:** Lumilittlv  
Please inform us when wiring money.

Thank you for your consideration.

Respectfully,

Anna Boguslavsky, Director  
International Medical Services

**Please Complete and Sign the Form Below**

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**Approval of Estimated Cost of Treatment: 11670E**

**Patient Name** \_\_\_\_\_ **Signature**\_\_\_\_\_

**Name of International  
Medical Services  
Representative** \_\_\_\_\_ **Signature**\_\_\_\_\_

**Date:** \_\_\_\_\_