



November 04, 2012

Re: Estimated Cost of Treatment-13553E

To: TARAN NATALIA

Ref: 3034137-4836

Description	Quantity	Unit Price (USD)	Total (USD)
Gastro consultation	2	520+250	770
Endocrinologist consultation	2	520+250	770
Gastro	1	650	650
Colonoscopy	1	900	900
Biopsy	2	350	700
Laboratory tests		Up to 1000	1000
MRI	1	1450	1450
MRE	1	1450	1450
Total:			7690 US\$
Balance from final list <u>11398F</u>:			(2605)
Total to pay:			5085

- ✓ The final charge 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 Refunds:** Appointments or tests cancelled with less than 24 hours notice will not be refunded.
- **Refund in cash:** A cash deposit will be refunded in cash for **up to 3 business days** after this period a refund will be made **only** by **bank transfer**.
- This price quote is valid for 30 days.

Price List (per day)

Description	Cost Per Day (US\$)
Intensive Care Hospitalization	\$2,440
Hospitalization	\$1,400
Outpatient Care	\$ 520

Bank Details for Money Transfers

Account Name: Rambam- Health Corporation
Bank Name: Bank Leumi Le Israel 10
Branch: Main Branch: 876
Account no: 347500/99
IBAN: IL 600108760000034750099
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

Approval of Estimated Cost of Treatment: 13553E

Patient Name _____

Signature _____

Name of International
Medical Services
Representative _____

Signature _____

Date: _____