



Hadassah University Hospital
International Patient Department
Private Consultation Service

Patient First Name: ALEXANDER
Patient Last Name: KNUTOV
Record Number: Z-4957499
Passport Number/Nationality: 665328699

Date of Issue: 31.12.2024
Print date: 05.01.2025
Reference: 53867218

This is to certify that the patient listed above is in need of medical services costing 135,356 USD

Service code	Service name	Doctor's Name	Amount	Unit cost USD	Total cost in USD
999343	LODGING		2	1,400	2,800
999001	HOSPITALIZATION		20	2,105	42,100
785	PEDIATRIC HEMATO- OCYTOLOGY DAYCARE		10	1,458	14,580
887	PEDIATRIC CHEMOTHERAPY ONCOLOGY DAYCARE		10	1,844	18,440
293039	ECHO		2	255	510
997457	ECHO		2	682	1,364
999777	PRIVATE CONSULTATION	Dr. Sigal Weinreb	3	418	1,254
325158	LUMBAR PUNCTURE		2	395	790
437	DAYCARE BMT		2	1,459	2,918
123008	SEDATION		2	706	1,412
520023	STR		2	748	1,496
233669	FOUNDATION		1	4,937	4,937
217385	IMMUNOPHENOTYPING OF LYMPHOCYTE		2	1,577	3,154
226191	PET CT		2	2,475	4,950
227779	RADIOLOGIC PRIVATE CONSULTATION-TOURIST		2	612	1,224
227517	HICKMAN UNDER ANESTHESIA		1	2,623	2,623
997232	BROVIAC CATHETER		1	5,804	5,804
999005	MEDICATION		1	25,000	25,000
Total cost					135,356

This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.

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According to the Israeli law, cash payment is limited to price offers that do not exceed 40,000 NIS, or the equivalent in foreign currency on the day of payment.

This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days/procedures/implants.

The final price will be determined in accordance with the actual procedure that is performed.

This quote is valid for 90 days.

Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care. Costs for additional testing and/or procedures will be charged based on Hadassah's rate at the time of the treatment.

Please note the following:

1. Please make sure to bring your passport which is mandatory for registration.
2. Additional hospitalization days will be charged at the rate of **2,105.00 USD** per day.
3. Any days requiring hospitalization in the ICU (Intensive Care Unit) will be charged in addition to the charge in section 2 at the rate of **3664.00 USD** per day
4. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.

C. Payment:

Full payment of **135,356 USD** is required prior to the initial treatment.

For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. (Please keep in mind that it takes approximately 3-5 business days to credit the hospital's account).

Payment should be made payable to:

Hadassah Medical organization- swift code POALITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL41012436000000025000

Account Number 25000

Please send a copy of your bank transfer (swift) to: International@hadassah.org.il Please do not hesitate to contact us if you require any additional information or assistance via mail to fyodor@hadassah.org.il

Sincerely,
International Patient Department

Hadassah University Medical Center
**INTERNATIONAL
PATIENT
DEPARTMENT**

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