Λ C I B Λ D E M

26.07.2016

Subject: Hospitalization confirmation of Patient: Marika Chelidze

ESTIMATED TREATMENT LOCATION: ACIBADEM MASLAK HOSPITAL / ISTANBUL

Adress: Büyükdere Cad. No: 40 34457 Maslak / İstanbul

Approximate cost of treatment and stay in hospital is indicated below:

ESTIMATED TREATMENT REPORT							
Patient's Name	Marika Chelidze	Date of	e of Birth				
• Thyroided							
Other Services Orgini - Local Trans							
- <u>Total (</u>	TOTAL USD 9 000						

Note: The package does not include:

- Unexpected additional hospital stays
- Non-standard medications and supplies
- Additional or special consultations by senior doctors
- Special surgical materials; Laporascopic materials, service medications, special operation materials (prosthesis), post-op tests
- Frozen + Pathology

Personal Expenses such as cafeteria purchases

Please confirm the acceptance and payment.

Bank information:

Account Name : Acıbadem Sağlık Hizmetleri A.Ş

Swift NO: : TGBATRİSXXX

Bank Name	Branch Name	Branch Code	Account Number	İban No	Currency
GARANTİ	İSTİNYE PARK	651	9099350	TR 87 0006 2000 6510 0009 0993 50	EURO
GARANTİ	İSTİNYE PARK	651	9099351	TR 60 0006 2000 6510 0009 0993 51	USD

FOR CONFIRMATION AND CONTACT:

ACIBADEM SAĞLIK HİZMETLERİ VE TİCANET A.Ş.