## Top 10 Hospitals in The World Newsweek



Tel: +972-3530-3100

Fax: +972-3530-8040

29/12/2024

To whom it may concern;

Patient Name

Pravatorov Artem - 880115535-0

This cost estimate is provided based on the medical documents made available by the patient.

Medical Examinations Not Included in Transplant Follow-Up \$50

\$50,000

The description and cost of medical services will be based on the price list published on the Ministry of Health website at: http://www.health.gov.il.

A medical coordinator will accompany you at Sheba Medical Center free of charge.

Price quoted does not include accommodation

Please note that service at Sheba Medical Center is provided in English, Russian or Arabic only.

Quoted prices are valid for up to two months.

Hospitalization days will be charged at the rate of \$1,500 per day and any days of hospitalization in the ICU will be charged at \$3,500 per day during the first 4 days, and \$3,150 from the 5th day.

## Payment:

Payment can be made by means of a bank transfer to our account, as specified below.

Account Details: THE SHEBA FUND FOR HEALTH SERVICES AND RESEARCH:

Account No. 508637/88 Bank Leumi Le Israel, Branch 800

19 Herzl Street, Tel Aviv, Israel

Swift #LUMIILITXXX

IBAN CODE#IL290108000000050863788

We look forward to offering our assistance.

Please feel free to contact us if you need further information.

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Please confirm your receipt of, and acceptance of, the estimated cost proposal by signing the form below and returning it to our office:

<u>To</u> :	THE SHEBA FUI	D FOR HEALTH SERVICES AND RESEARCH
From:	on behalf of	
	Name	Company / Individual
We agree to the terms stated in your proposal and agree to pay for all medical and other services provided by Sheba Medical Center.		
I hereby declare that I am not a citizen of the State of Israel.		
Name		
Signati	ure:	Date:

Global Patient Services Sheba Medical Center, Israel Phone: +9723-5308100

