东莞台心医院 DONGGUAN TAIXIN HOSPITAL | GHG GoBroad Healthcare Group 高博医疗集团 | 高博春富血液病研究院 GoBroad Chunfu Institute of Hematology & Oncology

PROFORMA INVOICE

形式发票

Patient Name 患者姓名: TETERINOVA YEVA
Birth Date 出生日期: 9 Feb. 2025
Passport ID 护照号码: N19785483
Country 国籍: Kazakhstan
Physician 主诊医师: Dr. Liu Huaying
Treatment Plan 治疗方案: Treatment of leukemia (hematopoietic stem cell transplantation)
Estimated treatment costs 预计治疗费用: 1,85,000-2,500,000CNY)

Payment terms 付费条款

The Hospital requires patients to either "pay in full" or "provide a guarantee of payment" at the time services are rendered. It is essential that patients are fully informed about payment and billing procedures, and we are available to address any inquiries the patient may have.医院在提供服务时需要患者确保“全额付款”或“提供付款保证”。我们需要确保您能够充分了解付款和账单信息，并会解答患者的相关问题。

1. **Deposit 定金支付**: A deposit of $5,000 is required prior to the patient's arrival at the hospital to secure their spot in the treatment program.为确保患者的治疗名额，需在抵达医院前支付定金 5,000 USD。
2. **Description of Costs 费用说明:** The estimated treatment costs outlined above are based on information provided by the patient and/or their representative, as well as a preliminary assessment of the treatment plan anticipated by the physician. These fees encompass all necessary tests and treatments outlined in the treatment plan, including routine medical services, consultations with physicians, nursing services, examinations, laboratory tests, room charges, and the costs associated with companions who are hospitalized. However, please note that the fees do not cover emergency medical services, additional room charges, or the costs of companions who are hospitalized. Furthermore, the costs do not include emergency medical services, health stabilization measures, or treatment for conditions unrelated to the primary diagnosis. Additionally, any extra medications not pertinent to the primary diagnosis, unforeseen expenses such as extended hospitalization or other supplementary medical

services, and personal living expenses, including household goods, food, shopping, and personal travel are also excluded。上述预计治疗费用根据患者及/或其代表提供的信息及医生预计实施的治疗计划初步估计。费用包括根据治疗计划所需的所有检查、按照治疗计划进行的治疗；常规的医疗服务、医生会诊、护理服务、检查、化验、房间费及留院陪住人员的费用等。费用不包括：紧急医疗服务、健康状况稳定措施及与主要诊断无关的疾病治疗；与患者主要诊断无关的额外药物、意外费用，如延长住院时间或其他额外的医疗服务；生活用品、饮食、购物、个人出行等生活费用等。

3. Explanation of Variations **变动说明**：The estimated treatment costs depend on the information provided by the patient and/or their representative. A thorough evaluation of the patient's actual condition will be performed upon hospitalization. If the actual condition differs significantly from the medical history and test results presented at admission, the treatment plan and associated fees may be adjusted in consultation with the patient and/or their legal representative.上述预计治疗费用基于患者及/或其代表提供的信息。在住院后将进行全面的实际情况评估。如果入院后发现实际病情与提供的病史及检测结果有显著差异，则可能会在与患者及/或其法定代表人协商后调整治疗计划及费用。
4. **Balance Payment 余额支付**：The remaining amount may be paid in a lump sum or in installments at the time of admission on the day of arrival at the hospital, subject to a minimum amount of not less than 100,000 RMB. Charges for treatment and medical services during hospitalization will be deducted directly from the amount paid. When the balance of charges falls below 50,000 RMB, the hospital will notify the patient to replenish it in a timely manner. If the balance is not replenished in a timely manner, the hospital care and services received by the patient may be affected or even suspended.剩余金额可在抵达医院当日办理入院时一次性或分次支付,最低金额不少于 100,000 人民币。住院期间的治疗、医疗服务费会直接从已支付的费用中扣除。当费用余额低于 50,000 人民币 时，医院会通知患者及时补充。若未能及时补充，患者接受的医院护理和服务可能会受到影响甚至暂停。

Disclosure of Information 信息披露：

Occasionally, patients or their authorized representatives may request the hospital provide copies of specific documents, images, or medical records. Since these

requests often involve significant copying or related incidental expenses, the patient is responsible for covering these costs. Therefore, the hospital requires that all such expenses be paid in full before the requested documents are released. 患者或其代表可能会不时要求医院给患者复印和/或提供某些文件、图像或医疗记录。由于这些请求通常会有大量复印或其他杂费，患者需要负责支付此类费用。因此，医院要求在交付文件之前全额支付这些费用。

Hospital Banking Information 医院银行信息:

ACCOUNT HOLDER’S NAME 账户名:	Dongguan Taixin Hospital Co.,Ltd. 东莞台心医院有限公司
NAME OF THE BANK 开户行:	BANK OF COMMUNICATIONS Dongguan Branch 301602000015
BANK ACCOUNT NO.银行账号:	483007611018010094110
SWIFT CODE 银行代码:	COMMCNSHDGN
ADDRESS 公司地址:	Room 102-108, Building 7, Yuhuijin Center, No. 428, Nancheng Section, Dongguan Avenue, Nancheng Street, Dongguan City, Guangdong Province 广东省东莞市南城街道东莞大道南城段 428 号寰宇汇金中心 7 栋 102-108 室

Important Notice 重要声明:

The total amount indicated on this invoice represents an estimated cost only; the actual cost may be subject to adjustments based on the treatment or examination provided.本发票的总金额仅为预估费用，实际费用可能因治疗或检查情况调整。

Refund Policy 退款:

Refunds for patients will be processed promptly via cash, credit card, or wire transfer, depending on the original payment method used. The hospital accepts payments in both RMB and USD. The average processing time for credit card refunds to bank accounts within China is estimated to be between 2 to 4 weeks, while refunds to international bank accounts may take 6 to 8 weeks, depending on the bank in different countries. The hospital requires that you provide original documentation when requesting a refund; otherwise, the refund request may not be approved.任何患者的退款将根据原始付款方式通过现金、信用卡或电汇及时发放。目前医院接受人民币和

美元付款。平均的信用卡退费到中国的银行账户的处理时间为 2 到 4 周，退费到国际银行账户的处理时间根据银行所在国家为 6 到 8 周。医院请您在要求退费时提供原始单据，否则退费请求可能不被批准。

About payment methods 关于支付方式：

1. With UnionPay (handling fee rate is 0%); 银联卡支付（银行手续费率 0%);
2. Download Alipay to bind foreign currency card payment (handling fee rate is 3%) 下载支付宝绑定外币卡支付（银行手续费率 3%);
3. With foreign currency card VISA/MASTER/or other cards (handling fee rate is 3.8%. The actual situation shall prevail, and it shall be related to the country, bank, balance currency, etc.) 使用外币卡如 VISA/MASTER/或其它卡（银行续费率 3.8%。以实际为准，具体与所在国别、银行、余额币种等相关);
4. Pay by cash in US dollar, settlement according to the real-time USD/RMB exchange rate. 如支付美元现金，按照当天实时美元兑人民币汇率结算;
5. All the above possible handling fees shall be borne by the patient 以上所有可能产生的手续费均由患者承担;

Signed 签名处 _____

By signing below, I acknowledge that I have read and understood the Hospital Financial Policies, and I agree to their terms. Furthermore, I commit to paying in full the amount for the medical services for which I have been explicitly billed by the hospital. 通过在此签名，我认可我已阅读上述医院财务政策，了解并同意其内容，并同意全额支付我在医院医疗服务账单中明确规定的服务金额。

Hospital Seal 医院盖章 _____ Date: 日期： 2026/9/12 YY/ MM/ DD/