



Founded by Hadassah, the Women's Zionist Organization of America

Hadassah University Hospital  
International Patient Department  
Private Consultation Service

Date of Issue: 06/05/2026

Valid to: 06/08/2026

Print date: 06/05/2026

Reference: 31301052

Record Number: 10152341-r



To:  
First Name: SAVVA  
Last Name: MURAVEV  
Record number: 10152341-r  
Passport number: 709558

This is to certify that the patient listed above is in need of medical Services costing 90,844 USD

Service Code	Service Name	Doctor Name	Amount	USD Cost	Total Cost
997822	(CSF DIVERSION (SHUNT	Dr. YAKOV ZAUBERMAN	1	7,986	7,986
996764	CRANIOTOMY	Dr. YAKOV ZAUBERMAN	1	31,847	31,847
152003	CRANIOTOMY		1	51,011	51,011

Including up to 5 days of hospitalization.

This quote is valid only if stamped with an original hadassah seal and signed by an International patient department representative.

According to Israeli law cash payment is limited to price offers that do not exceed NIS 38,000 or equivalent in foreign currency on the day of payment.

Experience  
the new  
Hadassah



Ein Kerem  
P.O.B. 12000, Jerusalem 9112001, Israel  
Mount Scopus (Har Hatzofim)  
P.O.B. 24035, Jerusalem 9124001, Israel  
www.hadassah.org.il

Hadassah Medical Organization (PBC)



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1. This quote is not final and is dependent upon the procedure that is preformed, 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 care.
2. Please note the following:
  - A. Please make sure to bring your passport which is mandatory for registration.
  - B. Additional hospitalization days will be charged at the rate of 2759.51 USD per day.
  - C. Any days requiring hospitalization in ICU (intensive care unit) will be charged, in addition to the charge in section B, at the rate of 5833.90 USD per day.
  - D. If the patient is a minor, or unable to make decisions for himself, a parent or a legal guardian must be present.
3. Payment :
  - A. Full payment of 90,844 USD is required, prior to the initial treatment.
  - B. 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.
  - C. In such cases, payment should be made payable to :  
Hadassah Medical Organization – Swift Code POALILITXXX  
BANK HAPALIM, #436, HAROKMIM ST. 26, HOLON, ISRAEL  
IBAN CODE: IL410124360000000025000  
Account number: 25000.  
Please fax a copy of your bank transfer to fax #972-2-6779577  
Or by email .billing@hadassah.org.il

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4. Accommodations:

- A. Hadassah does not provide accommodations to any person (s) accompanying the patient during hospitalization.
- B. Accommodation for the patient or for accompanying person (s) prior to or following hospitalization is the responsibility of the patient. Accommodations at the Ein Kerem Hotel on campus can be arranged. Bookings can be made via email at: [info@einkeremhotel.co.il](mailto:info@einkeremhotel.co.il) or by phone: 972-2-5608555.
- C. Hotel charges are not included in the aforementioned medical charges.

We encourage you to contact us if you require any additional information or assistance at: [INTERNATIONAL@hadassah.org.il](mailto:INTERNATIONAL@hadassah.org.il) or by phone: 972-2-6779111.

Comments:

Sincerely,  
Hadassah University Hospital  
International Patient Department  
Clerk:

*Hadassah University Medical Center*



**INTERNATIONAL  
DEPARTMENT**

Signature

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