Date: 03/08/26

Cost estimation NO: 48933-01

Patient Name: SAVVA MURAVEV

Patient No.: 6446769

The estimated cost of this evaluation\ treatment is: 50,000.00 USD as follows:

#	Description of services	Quantity	USD
1	Prepayment for pediatric oncology treatments	1.00	50,000.00
2	Medical consultation		
3	Imaging		
4	Blood and laboratory tests		
5	Hospitalization		
6	Additional day charge intensive care		
Sum			**50,000.00**

** Based on cash exchange rate 3.06

Please note: The above estimation of cost is not including surgeries, radiotherapy treatments, medications or any evaluation regarding bone marrow transplantation, if needed.
Additional estimation of cost will be given after evaluation and tests results, according medical protocol.

The above mentioned medical evaluation and treatment, cost and length of stay are according to the best of our abilities. They do not cover unexpected medical complications, medications, devices and services purchased outside the hospital and any additional expenses, e.g., accommodation, extras, transportation, etc., neither for the patient and nor for the accompanying person. The Medical Center is entitled to change or not to perform the suggested medical treatment and this according to the actual medical condition of the patient at the time of arrival.

It is of paramount importance that all available original clinical, laboratory (especially pathological and hematological slides) and imaging data (X-rays, CT-scans, US-pictures) should be brought to us together with the patient.

The cost estimate above will be valid for 1 months.
This quotation is provided for informational and estimation purposes only and does not constitute a

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binding offer or fixed price. The final charges may differ based on the actual treatment and services rendered, as determined in professional discretion. Only the final invoice issued upon completion of treatment shall be final and definitive.

In order to be registered and to open a medical file at the medical center please send us the following:

1. Photocopy of your valid passport.
2. Signatures on this offer, returned by fax to: 972-3-6974594.
3. Official bank transfer request/ receipt for the advance payment to:

Bank Hapoalim- Shaul Hamelech
Address: Daniel Frisch St 3, Tel Aviv-Yafo, Israel
Bank Code:12
Branch No: 532
Account No: 130539
Account name: Health Corporation Of The Tel-Aviv Medical Center (R.A.)
SWIFT code: POALILIT
IBAN no: IL74-0125-3200-0000-0130-539

Please bring a credit card with you as a deposit regardless of the manner of payment
(payment in advance or by another financing source).
For any additional information or request, please do not hesitate to contact us.

Sincerely,
SHIRLY SADEH
Medical Tourism

Patient's name	Signature	Date

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