



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

Patient First Name: SAVVA
Patient Last Name: MURAVEV
Record Number: Z - 10152341
Passport Number: 675968576

Date of Issue: 07.05.2026
Print date: 07.05.2026
Reference: 55125107

This is to certify that the patient listed above is in need of medical services costing 167,564 USD

Service code	Service name	Doctor's Name	Number of units	Unit cost USD	Total cost USD
997001	EMERGENCY ROOM VISIT		2	641	1,282
999777	PRIVATE CONSULTATION	ZAUBERMAN	1	673	673
999777	PRIVATE CONSULTATION	DR. SHWIKI	1	673	673
999777	PRIVATE CONSULTATION	DR.GOLDSHTEIN	4	673	2,692
999777	PRIVATE CONSULTATION	DR. MANDEL	1	673	673
684	PEDIATRIC CLINIC DAY CARE		10	550	5,500
226191	PET C.T FULL BODY SCAN		1	3,291	3,291
123008	SEDATION		2	939	1,878
227779	RADIOLOGY PRIVATE CONSULTATION	DR. MARINA OREVV	1	768	768
227881	MRI UNDER GENERAL ANASTHESIA		1	6,854	6,854
227779	RADIOLOGY PRIVATE CONSULTATION	PROF. MOSHE GOMORY	1	768	768
227502	MRI HEAD		1	1,355	1,355
227293	CONTRAST MATERIA		1	193	193
227123	PIC LINE INSERATION		1	3,372	3,372
997660	HICKMAN	PROF. ALLAN BLOOM	1	1782	1,782
887	PEDIATRIC CHEMOTHRAPY DAY CARE		15	2,450	36,750
785	PEDIATRIC HEMATO-ONCOLOGY DAY CARE		15	1,939	29,085
999001	HOSPITALIZATION		25	2,799	69,975
	TOTAL CHARGES				167,564

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)



This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.

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

This quote is not final and is dependent upon the procedure that is performed, 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 treatment.

Please note the following:

1. Please make sure to bring your passport, which is mandatory for registration.

Additional hospitalization days will be charged at the rate of 2,799 USD per day.

Any days requiring hospitalization in the ICU (Intensive Care Unit) will be charged in addition to the charge in section 2 at the rate of 5,916 USD per day

2. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.

C. Payment:

Full payment of **167,564 USD** is required prior to the initial treatment.

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).

Payment should be made payable to:

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- swift code POALITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL41012436000000025000

Account Number 25000

Please send a copy of your bank transfer (swift) to: International@hadassah.org.il

Please do not hesitate to contact us if you require any additional information or assistance via mail to bid@hadassah.org.il

Sincerely,

International Patient Department



Hadassah University Medical Center
INTERNATIONAL
PATIENT
DEPARTMENT

Experience
the new
Hadassah

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