המרכז הרפואי
האוניברסיטאי
הדסה
מיסודו של ארגון נשות הדסה

Hadassah University Hospital
International Patient Department
Private Consultation Service

Date of Issue: 05/11/2025
Valid to: 05/02/2026
Print date: 05/11/2025
Reference: 54647209
Record Number: 8074127-ר

To:

First Name: DMITRII

Last Name: ZLOBIN

Record number: 8074127-ר

Passport number: 651124

This is to certify that the patient listed above is in need of medical Services costing 35,492 USD

Service Code	Service Name	Doctor Name	Amount	USD Cost	Total Cost
510038	Gene panel analysis, NGS (Next Generation Sequencing)		1	1,322	1,322
217385	Immunophenotyping of Lymphocyte Subsets		1	1,833	1,833
217186	Bone Marrow- Morphology Description		1	259	259
510440	MOLECULAR CYTOGENETICS FISH IN BONE MARROW		1	881	881
510061	Karyotype in Bone Marrow		1	1,022	1,022
996103	LABORATORY TESTS		1	4,513	4,513
437	DAY CARE B.M.T		10	16,961	16,961
217385	Immunophenotyping of Lymphocyte Subsets		1	1,833	1,833
123008	SEDATION		1	821	821

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999005	PHARMACEUTICALS		1	6,047	6,047

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 40,000 or equivalent in foreign currency on the day of payment.

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 2447.67 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 4262.55 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 35,492 USD is required, prior to the initial treatment.

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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 HAPOALIM, #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

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 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 or by phone: 972-2-6779111.

Comments:

Sincerely,
Hadassah University Hospital
International Patient Department
Clerk: NATALIE KARASIK

INTERNATIONAL PATIENT DEPARTMENT
Hadassah University Medical Center