## $\land$ C I B $\land$ D E M

## Subject: Confirmation of the Hospitalisation of Patient Kristian Georgiev Borisov

Dear Sir/Madam,

21.04.2025

ESTIMATED TREATMENT LOCATION: ACIBADEM ALTUNİZADE HOSPITAL / ISTANBUL PHYSICIAN: Prof. Dr. Erkan Vardareli ; The approximate estimate of costs for treatment & stay in our hospital are as follows:

| ESTIMATED TREATMENT REPORT  |   |           |
|---|---|-----------|
| Patient's Name  | Kristian Georgiev Borisov                 |           |
| Physician   | Prof. Dr. Erkan Vardareli ;               |           |
| Treatment   | Examination                               | 230 EUR   |
| Proposed  | MIBG treatment (one session of treatment) | 5.500 EUR |
| -   | Radiology tests                           | 1.400 EUR |
| <b>Note:</b> Treatment plan can be changed due to patients physicial condition and we will inform you with medical report, plan will be determined after counsultations and further examinations. |   |           |
| Total   |   | 7.130 EUR |

This estimate is for the recommended investigations.

The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services by the senior doctors. Also the EUR pice may vary acc. to convertible rate of EUR/TL.

PLEASE CONFIRM THE ACCEPTANCE AND PAYMENT. ACCOUNT DATAS ACIBADEM ALTUNIZADE HOSPITAL:

(PLEASE SEND THE SWIFT MESSAGE TO BELOW GIVEN E-MAIL ADDRESS) ACIBADEM SAGLIK HIZMETLERI VE TIC. A.S. GARANTI BANKASI KOZYATAGI KURUMSAL ŞUBESI 383 –9094750 TR29 0006 2000 3830 0009 0947 50 SWIFT CODE:TGBATRISXXX

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ACIBADEM SAĞLIK HİZMETLERİ VE TİCANET A.Ş.