

**MEDICALPARK****PRICE INFORMATION FORM**

22.1.2021

Please find below the estimated cost and details of the treatment

PATIENT'S NAME	Ernad Sarajlic	
ESTIMATED TREATMENT LOCATION	Medical Park Pendik Hospital	Ped. Neurology Department
TREATING DOCTOR	Assoc. Prof. Mehbare Ozkan, MD	
TREATMENT PROPOSED	Investigations as outpatient	
TREATMENT PACKAGE AND DETAILS		
	<ul style="list-style-type: none"> • Ped. neurology department examination • MRI • EEG (1 hour) • Biochemistry tests 	Subtotal cost: 2.050 Euro
	<ul style="list-style-type: none"> • Genetic tests 	Subtotal cost: 1.550 Euro
	ESTIMATED COST: 3.600 Euro	
	The package does not include:	
	Charges for inpatient stays in excess of indicated days of hospital stays Medications and treatment for pre-existing or non-procedure related conditions Personal expenses such as phone calls, room services etc. Take home medications and supplies Agreed hospital rates will be applied for additional services or items not included in the package	
	Additional information regarding the treatment:	
	<input checked="" type="checkbox"/> Free of Charge Translating Services <input type="checkbox"/> Free of Charge Airport/Hotel/Hospital Transfers The need for further procedures other than the foreseen treatment plan mentioned above will be evaluated upon the clinical examination and status of the patient.	
	Finance	
	<ol style="list-style-type: none"> 1. All payments for medical services are expected before or on the first appointment date for self-pay patients. You may either pay with a credit card, money order or bank wire the funds. During the treatment, care or recovery process, the final state of the bill will be checked within weekly intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification. 2. For patients possessing International insurance, please contact your International coordinator to verify benefit eligibility and authorization for the visit when you receive this letter. 3. Any balance or credit remaining on your account after departure will be debited or credited back to the credit card number on file. 4. The responsibility of payment of the patient's transfer to another location by air travel or land ambulance in case of any need during or after the treatment process must be considered in advance and taken in charge by the patient/legal representative of the patient. 	
	Signature: _____	

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<ul style="list-style-type: none"> • The above referenced costs are ESTIMATES for the foreseen treatment plan and are intended only as a guide to assist you in preplanning your visit. The actual final charges may vary from initial estimated amount. • These cost estimations do not cover any price changes due to any complications. • Package prices exclude pathology, attendance and special material costs. • Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing.
With the document hereby I, _____ certify that I perfectly understand Medical Park Hospital's Group International Patient Services treatment planning and services policy and guarantee to make my payments according to Medical Park Hospital's Group payment procedure.
Last Name – First Name _____ Signature _____

Additional information regarding the treatment:

- Free of Charge Translating Services
- Free of Charge Airport Hotel Hospital Transfers

The need for further procedures other than the foreseen treatment plan mentioned above will be established upon the clinical examination and status of the patient.

Finance

1. All payments for medical services are expected before or on the first appointment date for self pay patients. You may either pay with a credit card/money order or bank wire the funds. During the treatment, care or recovery process, the final state of the bill will be checked within weekly intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification.
2. For patients possessing international insurance please contact your international coordinator to verify benefit eligibility and authorization for the visit when you receive this letter.
3. Any balance or credit remaining on your account after departure will be debited or credited back to the credit card number on file.
4. The responsibility of payment of the patient's transfer to another location by air travel or land ambulance in case of any need during or after the treatment process must be considered in advance and taken in charge by the patient/legal representative of the patient.

Signature:

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MEDICALPARK

PRICE INFORMATION FORM

12.1.2021

- The above referenced costs are ESTIMATES for the foreseen treatment plan and are intended only as a guide to assist you in preplanning your visit. The actual final charges may vary from initial estimated amount.
- These cost estimations do not cover any price changes due to any complications.
- Package prices exclude pathology, attendance and special material costs.
- Prices presented above as in currencies other than TL (Turkish Lira) might vary according to the daily changing

With the document hereby, I _____ certify that I perfectly understand Medical Park Hospitals Group International Patient Services treatment planning and services policy and guarantee to make my payments according to Medical Park Hospitals Group payment procedure.

Last Name - First Name

Signature

This is the estimated cost for the recommended investigations and procedures.
The mentioned price might vary according to the individual diagnosis and any existing medical complications as well as any additional or special services provided by the treating doctors. Also the USD price may vary according to the exchange rate of USD/EURO/TL.

BANK ACCOUNT DETAILS: Account owner (Head Office): MHP SAĞLIK HİZMETLERİ A.Ş.

Bank name: DENİZBANK

BANK NAME	BRANCH NAME	ACCOUNT NO	IBAN NO (Euro)	SWIFT CODE
DENİZBANK	AVRUPA KLUBMSAĞI 3390	2409667 000	TR42001 0400000240966700000	DENIZTR33

MHP SAĞLIK HİZMETLERİ A.Ş.

Çengelköy Cad. Numba İşhanı Kat: 7B
KAT: 3 D. NO: 141 143 1435 / BEŞİKTAŞ
SAKA MAHALLESİ V.İ. 343 000 2004