



GROUP

FLORENCE NIGHTINGALE
HOSPITALS

PAYMENT INFORMATION SHEET

Date: 07.12.2016

Dear: Yordan Krasenov Yordanov

Thank you for selecting Florence Nightingale Hospital for your healthcare needs. We will be pleased to assist you during your visit to The Group Florence Nightingale Hospitals to ensure that you receive the highest level of service at all times. The information about requested appointments for your case are detailed on the following pages. Outlined below are a few notes about your pending visit.

Appointment Confirmation Information

1. Our team can assist with transportation and accommodation arrangements. While our transportation services from/to the airport are free of charge for our patients, we also have negotiated special accommodation rates for patients of Group Florence Nightingale Hospitals. Please let us know ahead of time how we can assist you.
2. The signed copy of this payment information sheet form should be returned to our office in order to confirm the appointment(s).
3. Bring copies of your passport, medical records (accepted only in English or Turkish) and any related radiological images to the appointment.
4. Please arrive to Florence Nightingale Hospital 1 hour prior to your appointment time to complete the registration process.
5. Notice of appointment cancellations must be provided at least 2 days prior to an appointment date or 4 days prior to a surgery or admission date.

Finance

1. All payments for medical services are expected before or on the first appointment date.
2. Transaction with electronic bank wire expected in advance.
3. Directions on how to deposit funds are attached to this letter. During the treatment, care or recovery process, the final state of the bill will be checked within reasonable timely intervals to verify if any extra payments are needed beyond the estimations given and the payments needed will be collected according to this verification





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Appointment Itinerary & Estimated Cost

Visit Type	Department	Provider	Procedure	Estimated Cost for this Case
Organ Transplant	Kidney Transplant Center	Prof.Dr. E.Bariş AKIN	Kidney Transplantation - 7 days of hospitalization for the recipient, 2-3 days of hospitalization for the donor + post-surgery follow-up (1 consultation)	20.000 EUR

Note: The patients will be charged an initial fee of 4.000 EUR for pre-transplant work-up and donor compatibility. If the patients are suitable for transplant, the initial fee will be deducted from the total package costs (20.000 EUR).

- This estimated cost does not cover any price changes due to any complications.
- In case of using extra medicines, extra costs will be charged.
- In case of an extended hospitalization, extra costs will be charged.
- In case of any additional interventional procedures and surgeries, extra costs will be charged.

DOLLAR ACCOUNT

Account Name:	GRUP FLORENCE NIGHTINGALE HASTANELERİ A.Ş
GARANTİ MECİDİYEKÖY TİCARİ	TR61 0006 2000 1190 0009 0030 53
SWIFT	TGBATRISXXX

EURO ACCOUNT

Account Name:	GRUP FLORENCE NIGHTINGALE HASTANELERİ A.Ş
GARANTİ MECİDİYEKÖY TİCARİ	TR37 0006 2000 1190 0009 0074 62
SWIFT	TGBATRISXXX

With the document hereby, I,, certify that I perfectly understand Group Florence Nightingale Hospitals treatment planning and services policy and guarantee to make the payments according to Group Florence Nightingale Hospitals payment procedure.

Last Name – First Name:

Signature:

SCOTT PRINCEN
International Business
Development Manager
Group Florence Nightingale Hospitals

