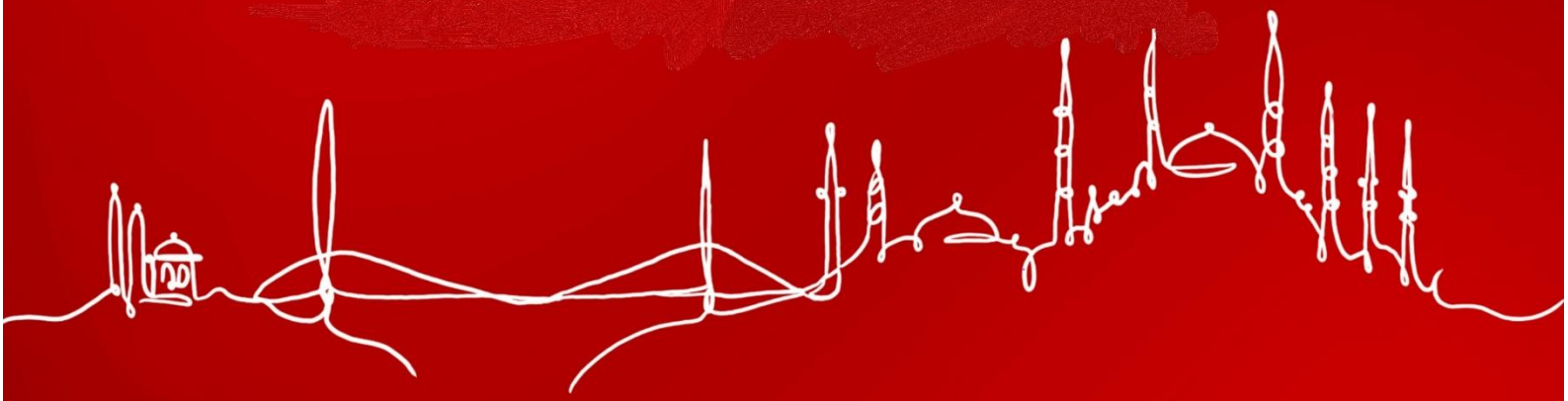
MEDICAL PARK



JOINT COMMISSION INTERNATIONAL
QUALITY APPROVAL

20/03/2025

NAME-SURNAME:	**YUSIF OSMANOV**
TREATMENT LOCATION:	**MEDICAL PARK PENDIK HOSPITAL**
DOCTOR'S NAME:	**PROF. DR. AKİF YEŞİLİPEK**
RECOMMENDED TREATMENT	**ALLOGENIC BONE MARROW TRANSPLANTATION FROM RELATIVE DONOR**

SERVICES INCLUDED IN THE PACKAGE

- Up to 90 days of standard room accommodation;
- HLA Screening for Patient and Donor
- Pre-anesthesia tests and evaluations;
- All costs associated with the surgical procedure, including;
  - Use of the operating room,
  - standard medical equipment,
  - Doctor and assistant fees,
  - Fees for an anesthesiologist;
- Nursing services;
- Routine laboratory tests;
- Medical equipment and materials required for surgery,
- Procedure-related medications
- Outpatient follow-up and treatment for up to 60 days after discharge

The following are not included in the package and will be charged extra:

1. ***Chemotherapy treatments***
2. ***Drugs such as Defibrotide and Ivlg to be used***
3. ***Laboratory tests, radiology tests, advanced tests, blood transfusions and genetic tests other than the patient's diagnosis***

ESTIMATED COST OF TREATMENT: 68.000 USD

The package does not include the following:
Hospitalization fees beyond the specified hospitalization period
Treatments and medications for pre-existing conditions or conditions not related to the procedure
Personal expenses such as telephone, room service, etc.
Medicines and supplies taken by the patient at discharge
The agreed hospital prices will apply to any additional services or items not included in the package.
Additional tests, radiology tests, advanced tests, blood transfusions and genetic tests will be billed separately.

Additional information regarding treatmenta
Free translation services
Free airport-hotel-hospital transfers
The need for further procedures beyond the above-mentioned prescribed treatment plan will be evaluated based on clinical examination and the patient's condition.

Financing Methods and Payment Terms

Payment of Medical Expenses

- Payment for medical services must be made no later than the first appointment date for privately paying patients. Accepted payment methods are: credit card, bank transfer or money order. During the treatment, care or recovery process, the remaining balance of the invoice will be checked weekly and if the initial estimates are exceeded, it will be assessed whether additional payments are required. In this case, payment will be requested in accordance with the additional fees determined.

Patients with International Health Insurance

Patients who benefit from international health insurance must contact their international patient coordinators after receiving this document to have their insurance coverage checked and obtain the necessary approvals.

Post-Discharge Balance Adjustment

Upon discharge of the patient, any remaining debt or credit will be collected or refunded via the credit card on file with the patient.

Responsibility for Medical Transfer Expenses

If deemed necessary, the costs of transferring the patient to another healthcare institution by road or air during or after treatment will be covered by the patient or his/her legal representative. This possibility must be foreseen in advance and accepted in writing.

Important – Cost Estimates

The costs presented under this treatment plan are estimates and are intended to help you plan your medical journey. Final treatment costs may differ from initial estimates.

These estimates do not include additional expenses due to possible medical complications , pathology expenses, accompanying person expenses or costs related to the use of special medical equipment.

Prices are calculated in Turkish Lira (TL). If payment is made in another currency, the final amount may vary according to the exchange rate on the payment date.

- **Patient's Commitment**

I, …… certify that I fully understand the treatment plan and service policy for international patients of MLPCARE Hospitals Group. I undertake to comply with the payment terms and pay all fees in accordance with the Group procedures .

Name, Surname : _____

Signature: _____

CONTACT PERSON:

Zeynep Gülüm İpek
zeynepgulum.ipek@mlpcare.com
+905301729687

BANK INFORMATION:

BANK NAME	BRANCH NAME	CURRENCY	ACCOUNT NO	IBAN NO	SWIFT CODE
DENIZBANK	EUROPEAN CORPORATE-3390	USD	2459657-352	TR120013400000245965700002	DENITRIS XXX
DENIZBANK	EUROPEAN CORPORATE -3390	EURO	2459657-353	TR820013400000245965700003	DENITRIS XXX

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