KOLAN HOSPITAL GROUP HEADQUARTER
Kaptanpaşa, Darülaceza Cd. No:14, 34384
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ESTIMATED TREATMENT PLAN

NO:	T-0687-2018
DATE:	June 6, 2018
PATIENT'S NAME & SURNAME:	SHVED R.V.
DEPARTMENT:	HEMATOLOGY
DOCTOR	DOÇ. DR ŞEBNEM İZMİR GÜNERLİ
LOCATION:	KOLAN INTERNATIONAL HOSPITAL

After the review of the medical records of the patient; please find below the treatment plan concerning the pre-diagnosis.

MUAYENE **EXAMINATION**	HEMATOLOGY EXAMINATION
ÖNEMLİ BİLGİLER **IMPORTANT NOTES**	- IT WILL RECEIVE CHEMOTHERAPY TREATMENT FOR A MONTH. - BONE BIOPSY WILL BE DONE AFTER CHEMOTHERAPY IS FINISHED.
PRE-OP TETKİKLER **PRE-OP TESTS**	HEMATOLOGY ROUTİNE BLOOD TESTS
PLANLANAN OPERASYON/İŞLEMLER **PLANNED OPERATIONS/ PROCEDURES**	BONE MARROW + BIOPSY + PATHOLOGY + HEMATOPOIETIC CELL TRANSPLANTATION
OPERASYON SÜRESİ **OPERATION DURATION**	-
HASTANE YATIŞ **HOSPITALIZATION**	-
İSTANBUL'DA TOPLAM KALIŞ SÜRESİ **TOTAL STAY IN ISTANBUL**	2 MONTHS
UÇUŞA UYGUNLUK **FIT-TO-FLY PERIOD**	-
TOTAL COST	**HEMATOPOIETIC CELL TRANSPLANTATION 70 000 EURO** **CHEMOTHERAPY 5 540 EURO** **30-DAY DOCTOR FOLLOW-UP FEE, BED FEE, COMPANION FEE AND TESTS 35 000 EURO** **BONE MARROW + BIOPSY 4 500 EURO** **THE PACKAGE PRICE DOES NOT INCLUDE HOTEL ACCOMMODATION IF THE DURATION OF THE HOSPITAL STAY EXCEEDES THE LIMITS OF TREATMENT PACKAGE FEE OF EXTRA HOSPITAL STAY WILL BE CHARGED**

Sincerely Yours,

International Marketing and Operations Group Manager

Mustafa M.GÜMÜŞ

KLN SAĞLIK VE EĞİTİM HİZMETLERİ A.Ş.
Kaptanpaşa Mah. Darülaceze Cad. No:14
Okmeydanı - Şişli / İSTANBUL
VKN: 364 054 5972
Mersis No: 0364-0540-5450-7200010

IMPORTANT NOTICE
Because of the diagnosis and the clinical status of the patient during the proposed surgery is not excluded that require additional procedures/surgeries that may change the specified cost. Note: The package does not include:
-Unexpected additional hospital stays
-Non-standard medications and supplies - Additional or special consultations by senior doctors - Special surgical materials; Laparascopic materials,service medications, special operation materials (prosthesis), post-op tests, Frozen + Pathology, Personal Expenses such as cafeteria purchases.

BANK ACCOUNT INFO
Account Name: KLN SAGLIK VE EGITIM HIZMETLERI INC.
IBAN : TR09 0006 7010 0000 0091 2006 94
Swift Code: YAPITRISXXX
Account Type : EURO
YAPI KREDİ BANK / GÜNEŞLİ / ISTANBUL (685)