



Patient First Name: ALEKSANDRA
Patient Last Name: CHIGRINETS
Record Number: Z
Passport Number: 7

Date of Issue: 11.06.2026
Print date: 11.06.2026

This is to certify that the patient listed above is in need of medical services costing 51,426 USD

Service code	Service name	Doctor's Name	Number of units	Unit cost USD	Total cost USD
410	DAY CARE		10	909	9,090
999777	PRIVATE CONSULTATION	DR. SLAY	5	683	3,415
999000	HOSPITALIZATION		13	2,733	35,529
997001	EMERGENSY ROOM VIZIT		3	626	1,878
996103	LABORATORY TESTS		1	1,514	1,514
	TOTAL CHARGES				51,426

This quote is valid only if stamped with an original Hadassah seal and signed by an International Patient Department representative.

According to the Israeli law, cash payment is limited to price offers that do not exceed 40,000 NIS or the equivalent in foreign currency on the day of payment.

This quote is not final and is dependent upon the procedure that is performed, and/or the actual number of hospitalization days/procedures/implants.

The final price will be determined in accordance with the actual procedure that is performed.

This quote is valid for 90 days.

Additional costs may be incurred for additional testing and/or procedures that may arise throughout the anticipated medical care. Costs for additional testing and/or procedures will be charged based on Hadassah's rate at the time of the treatment.

Please note the following:

1. Please make sure to bring your passport, which is mandatory for registration.

Additional hospitalization days will be charged at the rate of 2,733 USD per day.

Any days requiring hospitalization in the ICU (Intensive Care Unit) will be charged in addition to the charge in section 2 at the rate of 5,777 USD per day

2. If the patient is a minor or unable to make decisions for himself, a parent or legal guardian must be present.

C. Payment:

Full payment of **51,426 USD** is required prior to the initial treatment.

For your convenience, a bank transfer can be made to the Hadassah Medical Organization account. (Please keep in mind that it takes approximately 3-5 business days to credit the hospital's account).

Payment should be made payable to:

Hadassah Medical organization- swift code POALITXXX,

Bank Hapoalim, #436, Harokmim St. 26, Holon, Israel.

IBAN CODE: IL410124360000000025000

Account Number 25000

Please send a copy of your bank transfer (swift) to: International@hadassah.org.il

Please do not hesitate to contact us if you require any additional information or assistance via mail to bid@hadassah.org.il

Sincerely,

International Patient Department

Hadassah University Medical Center
 **INTERNATIONAL
DEPARTMENT**

Experience
the new
Hadassah

Hadassah Medical Organization (PBC)

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