



Request for payment and receipt of payment

Name of patient:	Semenjuk, Nazar
Date of birth:	25.08.2008
Nationality:	Russia
Liabe person f. payment	Patient by prepayment
Treating center UKE:	Center of
Treating clinic UKE:	Department of Paediatric Surgery
Treating physician:	Non private
Diagnosis:	Klippel-Trenaunay-Weber-Syndrom
Therapy:	Coiling, part resection of colon
Length of stay:	18 days inpatient stay

Requested part payment: 17.737,59 Euro

Payment by credit card: 18.269,72 Euro

This sum includes all medical services:

- | | |
|---------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> inpatient/outpatient stay | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Medical aids incl. Implants | <input type="checkbox"/> cons. by other physicians |
| <input type="checkbox"/> drugs prescribed in UKE | <input type="checkbox"/> in UKE |

This cost estimation is based on the present medical reports of the patient and calculated for a treatment without complications. The recipient agrees to cover the costs in case of complications.

Living cost outside the University Medical Center will be covered by the patient separately and additionally to the above named amount.

The above mentioned sum has to be paid **before hospital admission or the beginning of an out-patient treatment**. Please pay per money transfer to the bank account of the University Medical Center as follows

HSH Nordbank, Bank code 210 50 000, account number 104364000, SWIFT: HSH NDE HH, Iban-code: DE 972 105 00000 104 36 4000, subject: Debitor: 13000007, Semenjuk, Nazar
or by credit card in the International Office, building O 43.

After the completed prepayment the concerned department will be informed and the admission takes place.

Place, Date

Signature of patient or authorized representative

Signature of payee (Zahlungsempfänger)