**Quote for Medical Procedure**

|  |  |  |
| --- | --- | --- |
| **MediTravel Solutions LLC** | **Name** |  |
| 16516 El Camino Real #220 | **Address** |  |
| Houston TX 77062-5723 |  |  |
| 1 (888) 228-8972 | **Phone** |  |
| **contact****@meditravelsolutions.****com** | **Email** |  |

|  |  |
| --- | --- |
| **Procedure** |  |
| **Attending Hospital/Doctor** | **------------------** |
| **Hospital/Clinic** |  |
|  Administrator |  |
|  Address |  |
|  |
|  |
|  Phone |  |
|  Email |  |
| **Doctor/Surgeon** |  |
|  Phone |  |
|  Email |  |
| **Time and Costs** | **(All prices quoted in US Dollars)** |
| Full cost of surgery |  |
| Days in hospital / Cost per day |  |  |  |
| Hospital and surgery taxes and surcharges |  |
| Cost of medications after discharge from hospital |  |
| Days recommended in country after surgery |  |
| Days aftercare nursing support / Cost per day |  |  |  |
| Sessions aftercare physiotherapy / Cost per session |  |  |  |
| Name of hotel |  |
| Days in hotel / Rate per day including taxes |  |  |  |
| Concierge, transportation, and translation fees |  |
| Additional costs |  |
|  |
|  |
| **Total USD Cost to Patient** |  |

(Quoted prices good until: )