**Quote for Medical Procedure**

|  |  |  |
| --- | --- | --- |
| **MediTravel Solutions Mexico SRL de CV** | **Name** |  |
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| --- | --- | --- |
| **Procedure** |  | |
| **Hospital and Attending Doctor or Surgeon** | **------------------** | |
| **Hospital or Clinic** |  | |
| Administrator |  | |
| Address |  | |
|  | |
|  | |
| Phone |  | |
| Email |  | |
| **Attending Doctor or 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: )