

URGENT QUOTE – HAND SURGERY – ALVARO CHRISTIAN JOHN

Patient: ALVARO CHRISTIAN JOHN

REG: 978685

Date of Birth: 12/24/1989

Age: 35 years

Professional: Dr. LUCAS DA SILVA BARDONI

CRM: 32915

Quote Date: 03/13/2025

| Code | Procedure | Type of Accommodation | Estimated Days |
|----------|----------------------------|-----------------------|----------------|
| 30101549 | Extensive injuries | Open Unit (Apartment) | 01 |
| 31403123 | Nerve surgical exploration | - | - |
| 30731097 | Tenolysis | - | - |
| 30101280 | Surgical debridement | - | - |
| 30722543 | Hand substance loss repair | - | - |

Services: Private

Hospital Costs: R\$ 35,967.00

Anesthesia Fee (Direct payment to anesthesia service): R\$ 4,200.00

Medical Fee (Direct payment to the doctor): To be negotiated directly with the doctor

Total: R\$ 40,167.00

ITEMS INCLUDED

- Operating room fee
- Equipment usage
- Blood gas therapy
- Nursing procedures
- Materials and medications compatible with the requested procedure
- Companion's meal
- Open Unit Apartment

ITEMS EXCLUDED

- Expenses not listed in the included items
- OPME (Orthoses, Prostheses, and Special Materials)

ADDITIONAL COSTS

- ICU daily rate: R\$ 4,800.00
- Open Unit Apartment excess: R\$ 1,600.00
- Hemotherapy: R\$ 700.00
- Blood typing: R\$ 100.00
- Pathological anatomy
- Orthoses, Prostheses, and Special Materials (OPME): Quoted according to material type
- Companion's meal ("lunch and dinner or breakfast")

Clinical or Surgical Complications: Any additional expenses will be charged as an "open account."

- Any intraoperative or immediate postoperative events, whether related to the surgical procedure or not, that were not included in the requested procedure, will be billed separately.
- Additional costs must be paid by the patient/responsible party before hospital discharge.

PAYMENT AND SCHEDULING

Payments can be made via cash, bank transfer, debit, or credit card. Scheduling is confirmed only after prepayment within the specified deadlines:

Hospital Costs

Hospital ProHope

CNPJ: 97.397.848/0001-38

Bank Transfer (TED): 48 business hours

Credit Card: Up to 6 installments, interest-free

Pix, online payment, or in-person payment: 24 business hours

Bank Details:

Agency: 3429-0 / Account: 5209-4 (Banco do Brasil - 001)

Pix: 97.397.848/0001-38

Anesthesia Fee

ANEST HOPE

CNPJ: 21.473.656/0001-00

Bank Details:

Agency: 2799-5 / Account: 34495-8 (Banco do Brasil)
Credit Card: Up to 4 installments, interest-free

Medical Fee (Surgeon)

Payment is to be arranged directly between the patient and the medical team.

Quote Validity: 30 business days

PATIENT AGREEMENT

I, _____, acknowledge and agree to the terms stated above.

Patient or Responsible Party Signature

CPF: _____