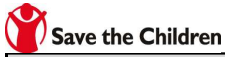


FINANCIAL FORM OFFER



RFP-SDN-KRT-2023-001 Health Insurance Services	Annex A.2 (Financial Bid form)
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<i>DRC to complete</i>		<i>Bidder to complete</i>				
#	Line item	Specification (refer to Annex G - Terms of Reference for Provision of Health Insurance)	Line item offered (refer to attached proposal if needed)	Ceiling Offered TRY	Unit Price in TRY	Total Price in TRY
1	In patient ceiling (Day patient and overnight stay)	Accommodation costs Hospital room and board *				
2		Hospital accommodation in Intensive Care Unit* (including COVID)				
3		Hospital accommodation of accompanying parent/ guardian for hospitalized minors (state age limit)				
4		Doctors fees (Surgeon, Anaesthetist)				
5		Surgery, anesthesia, and operating room costs *				
6		Other medical expenses (such as dressings, medical appliances)				
7		Medication during hospitalization *				
8		Analyzes during hospitalization, such as radiology and laboratory *				
9		Rehabilitation Costs				
10		Psychiatric Treatment (state number of days)				
11		Transportation (Coverage of hospital and transportation costs) *				
2	Outpatient Treatment Ceilings	Outpatient surgical operations				
3		Consulation with a GP				
4		Consulation with a Specialist				
5		Consulation with Psychiatrist and Psychologist				
6		Pathology, X-ray and other diagnostic tests				
7		Advanced imaging e.g MRI, PET				
8		Preventative care e.g Mamogram, Pap Smear, Colon Cancer screening				
9		Full health screening (Please state coverage)				
10		Vaccinations for adults (frontline staff)				
11		Vaccinations for children > 18 years as per the national guidelines				
12		Treatment by therapists and nursing care				
13		Prescribed medicines and dressings				
1		Maternity ceiling	Maternity and childbirth without complications			
2	Childbirth with complications including medically needed caesarian sections					
3	Newborn care					
1	Other Medical Treatments Ceilings	Cancer treatment				
2		Organ Transplant				
3		Renal Failure including dialysis				
4		Hospice and palliative care				
5		Congenital Conditions				
6		Chronic/Pre-existing/ recurrent conditions e.g. cancer, heart condition, asthma, high blood pressure, epilepsy, diabetes and HIV/AIDS etc.				
7		Dental care expenses (please State emergency, routine and preventative and other)				
8		Hearing care costs (please detail)				
9		Optics Expenses (please detail)				
10		Psychosocial/Counselling support				
11		Medical Aids				
12		Local Ambulance				
13		Non-segregation of the benefits under the various headings e.g. drugs, doctors' fees, etc. as long as it is within the overall limit of cover.				
1	Additional benefits	Any other additional Benefits - Please provide service and ceiling offered				
					Sub-total	
					Any other costs (please specify)	
					Total Price	
<i>SCI to complete</i>		<i>Bidder to complete</i>				
Required time of completion (days after contract signature):	Immediately	Completion time offered (days after contract signature):				
Destination (if applicable):	Countrywide Network in Turkey	Destination offered (if applicable):				
Minimum bid validity period required:	30 calendar days	Bid validity period offered:				
Currency of Tender:	TRY	Currency of Bid:				
		Company Name:				
		Signed by a duly authorized company representative:				
		Title:				
		Date:				
		Print Name:				
		Stamp of company				