



Medical Tourism Cost Index: A Comparative Analysis of Global Treatment Costs

Mehmet Yorulmaz^{1,a,*}

¹ Selcuk University, Faculty of Health Sciences, Department of Health Management, Konya, Turkey

*Corresponding Author

ARTICLE INFO

Research Article

Received : 04/11/2025
Accepted : 23/11/2025

Keywords:

Medical tourism
Health economics
Treatment cost
Global healthcare

ABSTRACT

This study examines global differences in procedure costs across medical tourism destinations and evaluates cost-based competitiveness using Medical Tourism Cost Index 2021 data. Prices for 2021 were compiled and summarized for procedures such as angioplasty, coronary bypass, heart valve replacement, knee replacement, dental implants, cosmetic surgery, and IVF. Using the United States as a benchmark, ratio-based comparisons were applied to estimate price gaps and potential savings, and the findings were interpreted through a competitiveness lens informed by Porter's Diamond Model. Results indicate that costs are substantially higher in high-income markets, whereas several developing destinations can offer notable cost advantages often in the range of approximately 60% to 85% for many procedures. The study also emphasizes that safety, perceived quality, and destination image captured through MTI 2020–2021 indicators complement cost advantages and influence destination choice. For Türkiye, affordable prices, geographic accessibility, accreditation capacity, and policy incentives may strengthen international positioning; however, sustainable competitiveness requires quality assurance, transparency, and regulatory alignment.

Türk Akademik Sosyal Bilimler Araştırma Dergisi, 8(2): 171-176, 2025

Medikal Turizm Cost Index: Küresel Tedavi Ücretlerinin Karşılaştırmalı İncelemesi

MAKALE BİLGİSİ

Araştırma Makalesi

Geliş : 04/11/2025
Kabul : 23/11/2025

Anahtar Kelimeler:

Sağlık turizmi
Sağlık ekonomisi
Tedavi maliyeti
Küresel sağlık hizmetleri

ÖZ

Bu çalışma, Medical Tourism Cost Index 2021 verileriyle sağlık turizmi destinasyonlarında işlem maliyetlerindeki küresel farklılıkları ve maliyet temelli rekabetçiliği incelemektedir. 2021 fiyatları derlenerek anjiyoplasti, koroner baypas, kalp kapağı değişimi, diz protezi, dental implant, estetik cerrahi ve IVF gibi işlemler için betimsel özetler oluşturulmuştur. ABD referans alınarak oran temelli karşılaştırmalarla fiyat farkları ve olası tasarruf düzeyleri hesaplanmış; bulgular Porter Elmas Modeli çerçevesinde yorumlanmıştır. Sonuçlar, yüksek gelirli pazarlarda maliyetlerin daha yüksek olduğunu, bazı gelişmekte olan destinasyonların ise birçok işlemde yaklaşık %60-%85'e varan maliyet avantajı sağlayabildiğini göstermektedir. Ayrıca MTI 2020-2021 göstergelerine göre güvenlik, algılanan kalite ve destinasyon imajının maliyet üstünlüğünü tamamlayan kritik unsurlar olduğu vurgulanmıştır. Türkiye açısından, uygun fiyatlar, coğrafi konum, akreditasyon kapasitesi ve teşviklerin rekabet gücünü artırabileceği; sürdürülebilirlik için kalite güvencesi, şeffaflık ve düzenleyici uyumun gerekli olduğu sonucuna varılmıştır.

^a mtyorulmaz@hotmail.com

^b <https://orcid.org/0000-0001-6670-165X>



Giriş

The process of globalization has accelerated the cross-border delivery of healthcare services, turning medical tourism into a key competitive domain within national economic development strategies. Medical tourism refers to the movement of individuals across countries to access medical treatment that is more affordable, of high quality, and often faster than in their home nations (Raofi et al., 2024). High treatment costs and long waiting times in developed countries have become major drivers pushing patients toward Asian and Middle Eastern destinations.

In the literature, the main determinants of competitiveness in medical tourism include cost advantage, service quality, accessibility, technological infrastructure, and destination image (Kılavuz, 2018; Ganguli & Ebrahim, 2017). Among these, cost differentials are often cited as one of the strongest drivers of medical tourism flows. For example, according to MedicalTourism.com (2021), the cost of high-complexity procedures such as cardiovascular surgery can reach up to USD 120,000 in the United States, whereas comparable treatments are reported to cost around USD 8,000 in India and approximately USD 13,000–17,000 in Türkiye. These figures suggest that developing countries may offer a substantial cost advantage in the global healthcare market.

Raofi et al. (2024) emphasize that countries such as Singapore, Türkiye, the United Arab Emirates, and India have strategically managed their medical tourism systems through strong medical infrastructure, qualified personnel, and digital patient management platforms. However, issues such as quality accreditation, communication barriers, and coordination gaps remain challenges for many developing nations.

In the national context, Kılavuz (2018) identifies Türkiye's geostrategic location, a network of more than 40 JCI-accredited hospitals, and competitive pricing policies as key elements strengthening its position in the global market. This global marketplace is also accompanied by concerns regarding quality, patient safety, information disclosure, and limited legal redress for harmed patients (Turner, 2010). Similarly, Hadian et al. (2021) note that medical tourism not only generates foreign exchange earnings but also contributes to employment growth and technology transfer within national healthcare industries. However, despite extensive research on the drivers of medical tourism, comparative analyses focusing specifically on cost variations across multiple regions remain limited. Against this background, the *Medical Tourism Cost Index 2021* serves as a comparative framework for evaluating the pricing of surgical and therapeutic procedures worldwide. By analyzing cross-country cost variations, regional competitive advantages, and the economic drivers of medical travel, this study aims to shed light on the global distribution of healthcare costs and the sustainability of medical tourism as an economic sector.

Methodology

This study conducts a comparative evaluation of the *Medical Tourism Cost Index 2021* to examine global variations in treatment prices and the cost-based competitiveness of major medical tourism destinations.

The methodology is based on secondary data analysis and comparative synthesis, drawing on international cost datasets and peer-reviewed literature. This approach enables a systematic assessment of cross-country price differentials and their role in shaping cost-driven patient mobility in global healthcare services.

Data Sources

Data were obtained from the MedicalTourism.com (2021) Global Cost Comparison Database, which reports comparative pricing information for medical procedures across major international destinations. The dataset provides standardized cost figures for 20 surgical and therapeutic procedures such as angioplasty, cardiac bypass surgery, joint replacement, dental implants, cosmetic procedures, and IVF covering nine countries: the United States, Colombia, India, Jordan, Mexico, South Korea, Thailand, Ukraine, and Vietnam.

Analytical Approach

The analysis was conducted in three stages:

(i) **Descriptive analysis:** Procedure-level cost data were organized by country and treatment category. Summary tables were produced to describe the distribution of prices and to document cross-country and cross-regional cost differences.

(ii) **Ratio-based cost comparison:** Cost ratios and percentage savings were calculated using the United States as the benchmark (e.g., India/USA, Thailand/USA). This step quantified the magnitude of price differentials relevant to potential medical travelers and enabled a standardized comparison across destinations.

(iii) **Comparative interpretation:** The results were interpreted using a competitiveness lens informed by Porter's Diamond Model. The discussion linked observed cost advantages to structural factors reported in the literature such as human capital, accreditation capacity, service accessibility, and medical technology thereby contextualizing cost competitiveness within broader destination attractiveness and system-level capabilities.

Scope and Limitations

The analysis is limited to the year 2021, as reported in the *Medical Tourism Cost Index 2021* dataset used in this study. Accordingly, the findings reflect a cross-sectional comparison of procedure prices rather than longitudinal trends. For procedures reported with price ranges, both minimum and maximum values were retained to reflect observed market variability, and midpoint values were used where a single comparative figure was required for ratio-based calculations. Several limitations should be noted. First, reported prices may vary due to exchange-rate fluctuations, differences in hospital pricing policies, and heterogeneity in what is included in quoted costs (e.g., surgeon fees, hospitalization, diagnostics, or post-operative care). Second, variations in accreditation status and service quality across providers may influence pricing and comparability, yet these factors cannot be fully controlled using secondary cost data. Third, the dataset covers a defined set of destinations and procedures; therefore, the results should not be generalized to all medical tourism markets or treatment types. The methodological approach is consistent with systematic economic assessments in medical tourism research

(Hadian et al., 2021) and supports a multidimensional interpretation that integrates economic comparisons with geographic context and qualitative insights from the literature. This design allows the study to situate cost competitiveness within broader discussions of access, destination attractiveness, and the sustainability of medical tourism as an economic sector. In some cases, complete procedure-level cost figures were not available in a consistent format across all destinations; therefore, approximate values (e.g., reported ranges or representative figures) were used to enable comparability across countries.

Findings

This section presents the study findings based on data from the *Medical Tourism Cost Index 2021* and evidence drawn from the peer-reviewed literature. It outlines cross-

country and cross-regional variations in treatment costs and discusses the cost-based competitiveness of key destinations, including Türkiye, India, Thailand, and Mexico, within the broader dynamics of international medical travel. In addition, the section incorporates comparative results from the *Medical Tourism Index (MTI) 2020–2021*, which assesses destination attractiveness, safety, and perceived quality of care across five global regions. As shown in Table 3, Asia records the highest regional average MTI score (69.06), followed by Europe (67.04) and the Americas (65.89), with Canada, Singapore, and Japan among the top-ranked countries. Taken together, the MTI indicators suggest that destination image, safety perceptions, and quality reputation may complement cost advantages, thereby shaping the overall competitiveness of medical tourism destinations.

Table 1. Global Comparison of Treatment Costs and Average Savings vs. the United States (USD)

Treatment	USA (≈USD)	India (≈USD)	Thailand (≈USD)	Mexico (≈USD)	Poland (≈USD)	Vietnam (≈USD)	Türkiye (≈USD)	Average Saving vs USA ≈ (%)
Angioplasty	28.200	5.700	4.200	10.400	5300	-	4.800	78.4% (n:5)
Cardiac-Bypass	123.000	7.900	15.000	27.000	14.000	-	13.900	87.3% (n:5)
Heart Valve Replacement	170.000	9.500	17.200	28.200	19.000	-	17.200	89.3% (n:5)
Knee Replacement	35.000	10.300	9.500	15.400	6.200	8.000	16.800	68.5% (n:6)
Dental Implant	2.500	900	1.720	900	925	-	1.100	55.6% (n:5)
Rhinoplasty	6.500	3.500	3.950	4.900	4.000	2.100	3.100	44.7% (n:6)
Facelift	11.000	2.800	2.500	3.000	1.800	4.150	6.700	68.3% (n:6)
IVF Treatment	15.400	3.000	3.650	4.500	2.200	-	≈7.000	73.6% (n:5)

Source: MedicalTourism.com (2021); USHAŞ, 2025; Republic of Türkiye Ministry of Health, 2022; compiled by the author.

In this table, the “Average Saving vs USA ≈ (%)” column indicates the average percentage by which prices in the selected destinations (India, Thailand, Mexico, Poland, Türkiye, and where available, Vietnam) are lower than U.S. prices for each procedure. The metric is computed by first taking the arithmetic mean of the available country prices for a given procedure (excluding missing entries marked as “-”), and then benchmarking this mean against the U.S. price using the following formula: Saving (%) = [1-(mean destination price/U.S. price)] × 100. Consequently, the number of destinations included in the calculation (n) varies across procedures because some countries do not report prices for every procedure. The results show substantial variation in cost competitiveness

by procedure type. High-cost cardiovascular interventions such as cardiac bypass (87.3% average saving) and heart valve replacement (89.3%) as well as angioplasty (78.4%) exhibit the largest average savings relative to the United States, indicating particularly strong price-based incentives for cross-border care in these categories. IVF treatment also shows a high average saving (73.6%). In contrast, procedures such as rhinoplasty (44.7%) and dental implants (55.6%) display more moderate savings, reflecting a narrower relative price gap compared to the U.S. baseline. Overall, the table suggests that the strongest cost advantage in medical tourism tends to be most pronounced for high-cost, specialized procedures; however, interpretations should remain cautious for procedures with fewer contributing destination prices (lower n) due to missing data.

Table 2. Regional Competitiveness by Average Treatment Cost (USD)

Region / Country	Average Cost \approx USD	Relative to USA (\approx %)	Competitive Advantage
United States	76.366	100%	Benchmark (highest cost)
India	9,021	12%	Very strong cost advantage
Thailand	11.800	16%	Strong cost advantage
Mexico	15.714	21%	Moderate-to-strong cost advantage
Türkiye	11.686	15%	Strong cost advantage
South Korea	22.667	30%	Limited cost advantage (<i>limited data</i>)
Ukraine	6.143	8%	Strongest cost advantage
Vietnam	8.400	19%	Very strong cost advantage (<i>limited data</i>)

Source: MedicalTourism.com (2021); compiled by the author.

Table 2 reports a basket-average of 2021 prices for seven major procedures across selected destinations, benchmarked against the United States. The results confirm that the United States represents the highest-cost reference point, while Ukraine and India exhibit the strongest cost advantages, with average prices at roughly 8–12% of U.S. levels. Türkiye and Thailand follow as highly competitive mid-cost options (approximately 15–16% of U.S. prices in this basket), offering a balance between affordability and service capacity. Mexico remains cost-advantageous (around 21% of U.S. prices) and benefits from geographic proximity for North American patients. South Korea, although relatively higher priced (about 30% of U.S. prices based on the available procedures), differentiates itself through advanced technologies and specialized care; however, this estimate is based on fewer available procedure prices (n lower), so it should be interpreted with caution. Vietnam appears as an emerging cost-competitive destination, yet its average is also derived from incomplete procedure coverage, which limits direct comparability. The table below was compiled by the author from the 2021 procedure prices reported on the MedicalTourism.com “Compare Prices” page. For seven major procedures (Angioplasty, Heart Bypass, Heart Valve Replacement, Hip Replacement, Hip Resurfacing, Knee Replacement, and Spinal Fusion), country-level values were aggregated using the arithmetic mean. Where prices were presented as ranges, the midpoint was adopted. Entries indicated as NA/“–” were treated as missing and

excluded from the computation; consequently, the number of procedures contributing to the estimate (n) varies across countries. From Türkiye’s perspective, the observed cost profile indicates a compelling value proposition: treatment prices remain markedly below U.S. benchmarks, while the destination’s competitiveness is further reinforced by non-price determinants, including breadth of service provision, the quality of the international patient experience, and the strategic integration of care packages within broader tourism offerings. The results indicate that the United States serves as the benchmark with the highest cost level, while all other destinations offer a clear cost advantage relative to U.S. prices. Based on the basket-average, Ukraine emerges as the lowest-cost destination and thus exhibits the strongest cost competitiveness, whereas India demonstrates a robust cost advantage with complete procedure coverage ($n = 7$) and consistently low average prices. Vietnam also appears highly cost-competitive; however, because its estimate is based on limited procedure coverage ($n = 4$), the generalizability of this finding should be interpreted with caution. Türkiye and Thailand fall within a low-to-mid cost band relative to the U.S. and, with full procedure coverage ($n = 7$), present a stable “mid-cost-high-value” positioning in cost terms. Mexico maintains a cost advantage but at a higher level than Türkiye and Thailand, although its competitiveness may be reinforced by non-price factors such as geographic proximity. South Korea shows a comparatively higher relative cost and limited data coverage ($n = 3$), suggesting a more constrained cost advantage and warranting careful interpretation of cost-based comparisons.

Table 3. Regional MTI Scores and Top-Performing Countries

Region	Average MTI Score (\approx)	Top-Ranked Country	Score (\approx)	Other High Performers	Data Source
Americas	65.89	Canada	76.47	Costa Rica (71.73)	medicaltourism.com; Scribd; Scribd
Europe	67.04	Spain	72.93	United Kingdom (71,92)	medicaltourism.com; Scribd; Scribd
Africa	63.80	South Africa	65,82	Morocco (63.80)	medicaltourism.com; Scribd
Middle East	62.15	Dubai	71,85	Abu Dhabi (70.26)	medicaltourism.com; Scribd
Asia	69.06	Singapore	76.43	Japan (74.23)	medicaltourism.com; Scribd

Source: Compiled by the author based on MedicalTourism.com (2020-2021 Overview) and Scribd Medical Tourism Index Dataset (2021). This Table Compiled by the author.

Table 3 summarizes regional averages and top-performing destinations reported in the Medical Tourism Index (MTI) 2020–2021. The results show that Asia demonstrates the strongest overall regional performance with an average score of 69.06. Within Asia, Singapore ranks first (76.43), followed by Japan (74.23), reflecting the region's consistently high performance across the MTI's composite dimensions. Europe follows with an average MTI score of 67.04, led by Spain (72.93), with the United Kingdom also performing strongly (71.92), indicating robust competitiveness among leading European destinations. The Americas maintain an average score of 65.89, where Canada (76.47) leads as the top-ranked destination, while Costa Rica (71.73) stands out as another high performer in the region. By contrast, Africa (63.80) and the Middle East (62.15) exhibit comparatively moderate regional averages. In Africa, South Africa is the regional leader (65.82), while in the Middle East the top-ranked destination is Dubai (71.85), followed by Abu Dhabi (70.26), highlighting the role of prominent Gulf destinations in regional performance. Overall, the MTI results suggest that beyond cost considerations, perceived quality, safety, and destination reputation/branding remain central drivers of medical travel competitiveness, complementing the economic perspective provided by the Medical Tourism Cost Index 2021.

Discussion

Average cost savings for international patients in this study range between approximately 65% and 80%, supporting the findings of Sandberg (2017) and Hadian et al. (2021) that affordability represents a primary motivation for medical travel. Asian destinations, particularly India and Thailand, continue to lead the global medical tourism market due to their combination of low treatment costs and improving service quality. Türkiye demonstrates a competitive balance by combining European-aligned medical standards with comparatively lower pricing and strategic geographic advantages. Eastern Europe and Latin America emerge as secondary hubs, supported by expanding healthcare infrastructure and increasing integration with tourism services. Overall, the comparative evidence confirms that cost differentials remain a key determinant of medical tourism flows. However, destinations that successfully combine affordability with strong accreditation systems, language accessibility, and well-developed tourism infrastructure are more likely to achieve sustained long-term growth (Ganguli & Ebrahim, 2017; Raoofi et al., 2024). Türkiye exemplifies this multidimensional competitiveness by offering advanced tertiary care at substantially lower prices than many Western European countries while maintaining international quality standards through more than 40 JCI-accredited hospitals (Kılavuz, 2018). Asia's continued dominance in the global health tourism market, reinforced by digital transformation and supportive policy frameworks, is consistent with Raoofi et al. (2024), who argue that governance capacity and institutional quality amplify the benefits of cost advantages. At the macroeconomic level, Hadian et al. (2021) emphasize that medical tourism contributes not only to GDP growth and employment creation but also to technology transfer and innovation diffusion within national health systems. This

broader economic impact aligns with Sandberg's (2017) projection of sustained annual market growth exceeding 20%. Cost-driven competitiveness in medical tourism has also been discussed in terms of broader entrepreneurship opportunities and ethical boundaries, particularly for emerging destinations (Badulescu & Badulescu, 2014).

Results

The comparative cost analysis conducted in this study reveals substantial global disparities in pricing for major medical and surgical procedures. Consistent with prior literature identifying cost as a key driver of medical travel (Sarwar et al., 2012; Lunt et al., 2014), the findings indicate that developed-country destinations, most notably the United States, serve as the primary cost benchmark, while many emerging destinations offer savings of 60% or more. For example, angioplasty procedures average approximately USD 28,200 in the United States, compared with USD 5,500–6,200 in India and USD 8,510–12,290 in Vietnam. Analysis of structural supply-side factors further suggests that destinations combining cost efficiency with strong healthcare infrastructure and accreditation achieve higher levels of competitiveness, in line with observations by Raoofi et al. (2024) and Latief and Ulfa (2024). Türkiye, Thailand, and Mexico illustrate this pattern. Türkiye provides treatments at roughly 30% of U.S. costs while maintaining high accreditation rates; Thailand benefits from a comprehensive hospital network and integrated medical tourism services; and Mexico leverages geographic proximity to the U.S. market alongside mid-range pricing. In addition, the results show that countries with the lowest average treatment costs—such as India (USD 7,200) and Ukraine (USD 6,200) for a basket of 20 procedures—exhibit the strongest relative cost advantages, corresponding to approximately 16% and 14% of U.S. average costs, respectively. Overall, three key empirical patterns emerge: (1) pronounced cost differentials between high-cost and low-cost countries; (2) enhanced competitiveness among emerging destinations that combine affordability with accreditation and healthcare infrastructure; and (3) the finding that while cost efficiency is a necessary condition for international competitiveness, it is not sufficient on its own. Together, these results provide a clear empirical foundation for the policy and strategic implications discussed in the subsequent section.

From Türkiye's perspective, the country demonstrates strong potential as a medical tourism destination due to its geostrategic location and high accessibility supported by well-developed transportation networks. This potential is reinforced by the competitive pricing of medical services; available comparative evidence indicates that Türkiye is positioned as a relatively lower-cost destination in the global medical tourism market, which strengthens its overall attractiveness and competitiveness. Beyond cost advantages, international patients travelling to Türkiye for medical treatment may also participate in leisure activities. Particularly during the summer season, patients and accompanying visitors can spend time in coastal destinations and combine treatment with vacation. Türkiye offers diverse tourism options including cultural, nature-based, and gastronomic experiences supporting a "treatment plus holiday" proposition that can further enhance destination appeal. In recent years, government-

led investments, incentives, and policy initiatives targeting medical tourism can be interpreted as strategic steps toward positioning Türkiye as a regional hub for health tourism. In this context, the HealthTürkiye (healthturkiye.gov.tr) portal has been established to increase international visibility and facilitate patient access by providing centralized information on health facilities and physicians.

Furthermore, accreditation and quality improvement efforts led by the Ministry of Health represent another critical component. Nationwide accreditation initiatives coordinated by TÜSKA under TÜSEB (<https://www.tuseb.gov.tr>) aim to strengthen trust in healthcare services, enhance patient safety, and improve transparency in service delivery processes. In addition, the *Regulation on International Health Tourism and Tourist Health* (published in the Official Gazette in April 2025) introduced updated requirements for international health tourism activities, and sector communications indicate that TÜSKA accreditation has become a key compliance element for health facilities operating in this field, with transition timelines extending into 2025-2026.

Acknowledgement: This study used artificial intelligence-based tools, such as ChatGPT (OpenAI), for language editing, improving readability, and providing formatting and table support.

Kaynakça

- Badulescu, D., & Badulescu, A. (2014). Medical tourism: between entrepreneurship opportunities and bioethics boundaries: narrative review article. *Iran J Public Health.*, 43(4), 406–415. PMID: 26005650; PMCID: PMC4433721.
- Ganguli, S., & Ebrahim, A. H. (2017). A qualitative analysis of Singapore's medical tourism competitiveness. *Tourism Management Perspectives*, 21, 74–84.
- Hadian, M., Jabbari, A., Mousavi, S. H., & Sheikhbardsiri, H. (2021). Medical tourism development: A systematic review of economic aspects. *International Journal of Healthcare Management*, 14(2), 576–582.
- Kılavuz, E. (2018). Medical Tourism Competition: The Case of Turkey. *International Journal of Health Management and Tourism*, 3(1), 42–58.
- Latief, A., & Ulfa, M. (2024). Healthcare Facilities and Medical Tourism Across the World: A Bibliometric Analysis. *Malays J Med Sci.*, 31(2), 18–29. <https://doi.org/10.21315/mjms2024.31.2.3>. Epub 2024 Apr 23. PMID: 38694584; PMCID: PMC11057838.
- Lunt, N., Smith, R. D., Mannion, R., Green, S. T., Exworthy, M., Hanefeld, J., Horsfall, D., & Machin, L. (2014). *Medical tourism: Treatments, markets and health system implications – a scoping review* (Health Services and Delivery Research, No. 2.2). Southampton, UK: NIHR Journals Library.
- Medical Tourism Association. (2021). *Medical Tourism Index (MTI) 2020–2021 Report*.
- MedicalTourism.com. (2021). *Global medical procedure cost comparison database*. Retrieved October 2025, from <https://www.medicaltourism.com>
- Porter, M. E. (1990). *The Competitive Advantage of Nations*. New York: Free Press.
- Raoofi, S., Khodayari-Zarnaq, R., & Vatankhah, S. (2024). Healthcare provision for medical tourism: A comparative review. *Journal of Education and Health Promotion*, 13, 63.
- Sandberg, D. S. (2017). Medical tourism: An emerging global healthcare industry. *International Journal of Healthcare Management*, 10(4), 281–288.
- Sarwar, A. A., Manaf, N. A., & Omar, A. (2012). Medical Tourist's Perception in Selecting their Destination: A Global Perspective. *Iran J Public Health.*, 41(8), 1–7. Epub 2012 Aug 31. PMID: 23113218; PMCID: PMC3469025.
- Turner, L. (2010). “Medical tourism” and the global marketplace in health services: U.S. patients, international hospitals, and the search for affordable health care. *International Journal of Health Services*, 40(3), 443–467. <https://doi.org/10.2190/HS.40.3.D>. <https://www.tuseb.gov.tr/>. Accessed: November 2025
- Republic of Türkiye Ministry of Health. (n.d.). *HealthTürkiye (Official portal)*. Retrieved October 2025, from <https://www.healthturkiye.gov.tr>.
- <https://www.scribd.com/document/586435516/5f0df13e57906e9f895e3767-2020-2021-Medical-Tourism-Index-Overall-Ranking>. Accessed: November 2025.
- <https://www.ushas.gov.tr/>. Accessed: November 2025
- <https://khgmfinansalanalizdb.saglik.gov.tr/TR-92411/kamu-saglik-hizmetleri-fiyat-tarifesinde-gisiklik-hakkinda.html>