



Comparative Market Price Analysis of Dental Services in the Framework of Health Tourism by Applying the Due Diligence Model

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Abstract: *During current attempts of human survival for which, highly symptomatic propulsive professional, scientific and technological activity, relating to the rate of humans worn out in the light of their physical vs spiritual vs intellectual qualities, becomes even more significant, i.e. increases the multiplication coefficient as well as acceleration one. It is reasonable to conclude that in given circumstances of accelerated economic progress worldwide, simultaneously implying a geometric leap in the wear and tear of humanity, there is a convincing demand for establishing continuity of the revitalization process of psycho - physical - intellectual forces per capita. A crucial reason, which speaks in favor of the given claim is exclusive of a philanthropic nature, that is, it is a result of emotional activity as the need to exercise social responsibility. Human activities, among other things, are infrastructural assumptions created in parallel for the use of medical and health tourism services. Abstracting property form of ownership (state and/or private) regarding built accommodation facilities under medical and health tourism, we respect primarily as the need, and also the right of the human part of the capital, precisely, for the optimal renewal of spent components. After all, every form of human activity is immanent to the function of civilization achievement, that is, the natural need to live as humanely as possible. In the given sense, the built accommodation capacities of both medical and overall health tourism, indisputably, open their doors to people, that is to say, to their growing needs for optimal renewal of their spent physical, spiritual and intellectual strengths.*

1. INTRODUCTION

Following the suggestions and strategic orientation of the Strategy of Tourism Development in RS and the Program of Tourism Development in APV, a Study of Health and Medical Tourism Development in APV has been prepared, within the project “HEALTH-TOUR - Health Tourism – Good Tourism: Joint Development of Medical and Health Tourism in the HU-SRB Cross-Border Region“. The project is being realized within the cross-border program of cooperation between Hungary and the Republic of Serbia and it is being financed by the European Union (IPA INTERREG).

The starting point and the subject of the study is determining the current condition and possible development directions of health tourism in the province from the tourism, legal, medical, financial and marketing standpoint. Determining possible types of cooperation with Bács-Kiskun county in Hungary and creating a joint performance in the international tourist market is also a part of the study goals.

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Human resources as an inherent part of optimal functioning (use), i.e. progress continuously among all other business resources, such as in general, the capital of corporations, are mostly spent in all given aspects. By rationalizing the awareness of the need to return to the optimal framework, due to a disproportionately higher degree of wear and tear of human resources, in relation to multi-generated scientific, technological and economic progress, we conclude the biblical role as well as the responsibility of our civilization to preserve each individual.

Nevertheless, the optimization of the revitalization of the spent forces of individuals, in all mentioned aspects as a civilizational heritage, should be dealt with by those organizational structures, which have a sense of social responsibility, personal moral values and realistic evaluation of the invested work. The implementation of all three aspects of qualification and quantification of the need to optimize the revitalization of human resources, in the long term (strategic) sense is the only imperative, especially in the circumstances of existence, growth and development of economically profiled human civilization.

However, in the circumstances of significant participation of human resources in first of all renewal, but also, geometric growth of overall material wealth (the process of hoarding), no less relevant is the civilizational feedback that is manifested in the optimal renewal of spent forces when are being generated. The least how the generated material wealth, thanks to human resources can reciprocate on a global scale is actually- empathy, that is, civilizational motivated, realistic, human need to enable all other people to renew spent (physiological, mental, intellectual) components. Given the civilization-like need for the renewal of spent human forces is feasible since the very same human resources have also created the preconditions for it.

Yet, the explicit situation of the given necessities, should not be analyzed ad hoc, but through the strategic prism of considering the possibility of the revitalization of human resources. Optimizing the possibility of using the accommodation capacities of medical and health tourism in order to provide symptomatic forms of services and in the function of relaxing revitalization of all aspects of spent human forces, de facto should be the primary task of civilized humanity.

2. ECONOMIC AND FINANCIAL JUSTIFICATION OF GEOMETRIC PROGRESSIONS IN MEDICAL AND HEALTH TOURISM

The critical mass of generated, infrastructural performances, in the field of medical and health treatment/tourism, in principle satisfies, that is, could meet the needs of the human resources.

However, in the circumstances of the market existence, i.e., the law of supply and demand, the usage of services in the field of medical and health treatment/tourism is turning, for an increasing number of potential users, into a problem of a not so minor nature. In the given context of the analysis, it is inherently important to emphasize that accommodation capacities (existing and/or anticipated) are increasingly lagging behind demand.

Due to the intensive demands for the engagement of the workforce, which at the increasingly frequent time intervals experience the implosion of exhaustion of their physical, spiritual and intellectual strengths, with implicitly growing and also more frequent needs for using medical and health treatments/tourism services. As a consequence, the enormously growing number of individuals, in search of a particular, immanent form of medical and health treatment, in an ephemeral time interval, generates huge pressure on the existing infrastructure of medical and health tourism.

In the explicitly significant, complex situation, the increasingly witnessed inability of using the services of medical and health treatment/tourism, contributes to a conjunction of the market oscillations on a world scale. Namely, since the outbreak of the mortgage crisis (Miloradić et al., 2021, p. 49), made official on August 19, 2007. On the territory of the USA, with the further expansion to the financial and then on to the overall economic crisis, there was a significant degree of recomposition on the side of aggregate demand of medical and health treatment/tourism services. Basically, by spreading the all three forms of crisis, by the pattern of concentric circles, from the US market to other parts of the planet Earth, and consequently by more frequent resorting to tax evasion, i.e., avoiding first of all to make a payment of a corporate income tax, capital owners moreover, resort to restructuring the degree of (il)legitimacy of the employees' position with an employer and their work performance in the official premises of a company.

Additionally, from the point of view of Pierre Conso, a French author (Vidaković, 2001, p. 16), a financial position is defined as the ability of a corporation to service a degree of liquidity, acceptable from the aspect of the permanence of the balance of monetary fluctuations. The causes of the given flagrant consequences are identified in an international document, inaugurated by the Bretton Woods Agreement, in 1944 (<https://kamenjar.com/bretton-woods-novi-svjetski-poredak/>, October 15, 2021). Furthermore, the forced use of the American dollar in the form of the world reserve currency after 76 years, puts a spoke in the wheel (Parnicki, 2021, p. 3) of the planetary, that is, national economies, observed through the aspect of financial evaluations.

The official creators of the business atmosphere must extend, namely, human resources, with the implementation of accounting analyzes, i.e., simultaneously, respect the due diligence doctrine. In the given context, it is imposed as a necessity to rehabilitate the resulting economic and financial chaos. (Parnicki et al., 2020, p. 606). In an atmosphere of "superficial awareness" of the plausibility of due diligence doctrine, that is, non-sense insistence on selfish hedonism, exclusively the "interests" of quasi-elected individuals, multiplying the damage in parallel to others and their property, further worsens the economic and the financial situation of corporations (Vidaković et al., 2017, p. 117), thus, will contribute to more intensive spending of human resources. The neuralgic points, i.e., "economic-financial obstacles" to the realization of qualitative due diligence, arise precisely from the core of plausibility of financial - balance sheet understanding, by the corporate management (Buble et al., 2006, p. 250 - 270).

Logically identified, significantly devastated economic-financial position of corporations, i.e., consequently more intensive spending of human resources, anticipated activities solely on the part of macroeconomic management, include economic optimization measures, both in the field of fiscalization and monetization.

The described situation, which is still highly current, points to an essential intersection point summarized in the conclusion of the explanation of the reasons, which, above all, affect the mobility of human resources, in search of a particular and to the necessary form of service from a wide range of medical and health treatment/tourism. Namely, in the mentioned circumstances, human resources, that is, their status in corporations, undergoes a transformation from a legitimate to an illegitimate performance of work tasks. In principle, regardless of the escalation of the volume and intensity of the general, global, economic crisis, there is a disproportionately small number of human resources, which in the succession of time really stay without a job.

This explicit statement is in fact the result of the logic, and not of the capital performance. Capital is a fixed part of the company's assets and its non-use (passivation) due to the intensification of the economic crisis, bills actually will not stop arriving, based on their existence.

In the constellation of explicit relations, the owners of capital do not decide on the termination of work, yet, recompose the employment status of the already engaged, i.e., the existing human resources. In most cases, human resources will not be paid insurance contributions: pension, health, social, or, in the case of unemployment. The fact is that, regardless of the given, negative phenomena, human resources continue to wear out. Due to the adverse changes in the employment status, it has been proven that the workers will be spent to an even greater extent and intensity through the prism of all three aspects of exhausting their own strength. Thus, the described crucial moment points to the conclusion that human resources will exert even greater pressure to seek a particular service from a wide range of medical and health treatment/tourism.

Evidently, given the economic crisis times, human resources place more and more emphasis on health, that is, opting to find a certain service, from the sphere of medical and health treatment/tourism. However, respecting significantly reduced financial means through the received earnings, only one element of the marketing mix gained importance, and that is the price level of services in the field of medical and health treatment/tourism.

In the countries, which at the given moment have reached a relatively enviable level of economic well-being for the needs of their population, i.e., human resources, where the owners of the capital in the field of providing medical and health services, due to the mentioned reason- achieved high fixed cost levels - simply cannot bring down the price levels of the services they provide. Therefore, due to the inflexibility of the price level of provided medical and health treatment services in the conditions of the global economic crisis in the countries that have reached a more enviable level of economic well-being, their potential users are dispersed.

At the same time, regardless of the burden of travel costs, as well as other dependent direct costs, significantly lower price levels of medical and health treatment services in the countries with more modest economic results will make them more competitive compared to the first category of countries. The significantly lower price levels of medical and health treatment services in the states with more modest economic performance have become their comparative advantage. We also emphasize that although the price levels of medical and health treatment services are at a significantly lower level in the countries of more modest economic performance, the quality of the services does not lag from the economically more affluent countries.

Based on the above-mentioned economic expertise, we conclude that to a greater extent, a special form of tourism is developing, that is, tourism of medical and health provenance.

In the following, we will make a comparative analysis of prices for a provision of dental services, in the field of medical and health treatment/tourism, through the prism of several countries, which come from different economic milieus. More specifically, customized comparative analysis of the prices of dental services was performed on the example of three countries - Serbia, Slovakia and Croatia.

3. COMPARATIVE ANALYSIS OF PRICES OF DENTAL SERVICES

Due to the constant increase in the number of participants, the markets become oversaturated; the supply is much higher than the market absorption rate, so it seems that it is almost impossible to operate successfully in such conditions (Grgar et al., 2013, pp. 268). By referring to the tabular representation of statistical data and by applying the method of comparative analysis of prices of dental services from three countries: the Republic of Serbia, the Republic of Slovakia, and the Republic of Croatia, inherent conclusions were reached.

Table 1. Price levels of dental services in Serbia, in euros

Ordinal number	Type of dental service	Price
1.	First aid in dentistry	8,47
2.	Routine tooth extraction	8,47
3.	Complex dental extraction	16,95
4.	Milk tooth extraction	4,24
5.	Removal of soft and hard deposits	16,95
6.	Composite filling (front tooth)	12,71
7.	Composite filling (side tooth)	16,95
8.	Amalgam filling	12,71
9.	Glass ionomer filling	16,95
10.	Glass ionomer filling (milk tooth)	12,71
11.	Fissure sealing	8,47
12.	Dental treatment in stages	12,71
13.	Logan kočić-Dental implant	16,95
14.	Cast restoration	29,66
15.	Fiber-reinforced composite (FRC) resin	21,19
16.	Partial acrylic prosthesis	101,69
17.	Total acrylic prosthesis	127,12
18.	Skeletal prosthesis	322,03
19.	Metal-ceramic crown	50,85
20.	Metal-free zirconium crown	152,54

Source: <https://www.stomatolog-bozovic.rs/?grupaA=14>, October 15, 2021

Table 2. Price levels of dental services in Slovakia, in euros

Ordinal number	Type of dental service	Price
1.	Dental examination	free of charge
2.	Treatment plan	free of charge
3.	OPG X-ray	free of charge
4.	Implant screw	470,00
5.	Mini dental implants for the upper jaw	2.000,00
6.	Mini dental implants for the lower jaw	1.500,00
7.	Implant placement	250,00
8.	Implant Crown	from 320,00
9.	Temporary crowns, where applicable	free of charge
10.	Sinus lift as needed (depends on size)	from 400,00
11.	Complete dental implant (includes implant screw, abutment and crown)	1.090,00
12.	Special crown	390,00
13.	Porcelain crown	390,00

14.	Total prosthesis	450,00
15.	Partial prosthesis	640,00
16.	Dentures for mini dental implants (per jaw)	450,00
17.	ALL-ON-4/ALL-ON-6	from 5.570,00
18.	Palliative root canal treatment	40,00
19.	Teeth whitening	320,00
20.	Complete dental hygiene	54,00
21.	Tooth removal	44,00
22.	Surgical extraction	95,00

Source: <https://www.dentaltourismslovakia.co.uk/complete-price-list/#1539328270445-1481dfe0-a41c>, October 15, 2021

Table 3. Price levels of dental services in Croatia, in euros

Ordinal number	Type of dental service	Price
1.	Straumann Implant Premium Roxolid BLT	600,00
2.	Straumann Abutment Titan	120,00
3.	Sinus floor lifting operation + Geistlich BioOss + Bio Gide	600,00
4.	Osteotomy/extraction of complicated wisdom teeth	140,00
5.	Apicotomy	120,00
6.	Complex tooth extraction	60,00
7.	Bone / sinus augmentation BioOss + Bio Gide	150,00 - 350,00
8.	Metal ceramic crown IvoclarVivadent	160,00
9.	Ceramic veneer, Veneers e.max IvoclarVivadent	230,00
10.	Ceramic crown complete, e.max IvoclarVivadent	230,00
11.	Zircon ceramic crown CAD / CAM + IvoclarVivadent	230,00
12.	Titanium ceramic crown	190,00
13.	Aesthetic upgrade FRC Postec + Multicore Flow	100,00
14.	Individual Straumann Zircon Abutment	160,00
15.	Temporary acrylic crown	20,00
16.	Wironit combined dentures	450,00 - 550,00
17.	Prosthesis on Straumann implant /Locator/Novaloc	500,00 - 600,00
18.	Fixed orthodontic therapy-one jaw	800,00
19.	Fixed orthodontic therapy-both jaws	1.500,00
20.	Treatment and filling of dental canals /AH+/Protaper	70,00 - 150,00
21.	Teeth whitening Powerboost 40%	250,00
22.	Removal of hard dental deposits / tartar	50,00

Source: <http://www.dental-centar-omega.hr/hr/cjenik/>, October 20, 2021

Comparative analysis of the prices of dental services from three countries, i.e., Serbia, Slovakia and Croatia, leads to the conclusion that the most acceptable prices are in the Republic of Serbia. Even in the Slovak Republic, which joined the EU long before Croatia, which is in the third ring of countries admitted to the EU, the prices of dental services are at a lower, more favorable level.

Also, we conclude that regardless of the lower prices of dental services in the Republic of Serbia compared to the two EU member states, the quality of dental services does not lag if looking at the given example. So, regardless of the additional costs such as travel expenses, accommodation (while receiving dental services), food, and other either dependent or direct expenditures which would eventually add up to the basic prices of dental services in the Republic of Serbia, it still pays off for a foreign patient, i.e., a tourist, to visit it.

Namely, the lowest price levels regardless of the type of dental services among the analyzed countries, are represented in the Republic of Serbia. The remaining two countries analyzed, belong to EU membership - we conclude. The Republic of Slovakia joined the EU much earlier than the Republic of Croatia. Despite that fact, the price levels of dental services in the Slovak Republic are significantly lower (read, and more favorable) compared to the price levels of the same services in the Republic of Croatia. Understanding and then implementing the logic of the principle of transitivity in mathematics, we derive the conclusion that through the prism of realized price and comparative advantages, it is economically most profitable for potential users of dental services to come to the Republic of Serbia.

Simultaneously, without the absence of a critical level of quality of provided dental services, in the Republic of Serbia, with the satisfied principle of plausible price levels, it is really feasible to attract an increasing number of tourists, in a strategically profiled succession of time. Given that the principle of inversely proportional correlation between lower price levels and optimal quality levels of provided dental services in the Republic of Serbia is a generator of comparative advantage in the context of attracting new clients (read, and tourists) and thus the potential to increase economic and financial performance based on the explicit type of medical and health treatment services.

Undoubtedly, keeping a satisfying level of quality and at the same time maintaining reasonable price levels in the future, we will ensure economic progress based on the provision of dental services in the Republic of Serbia. The economic (read, and financial) development of dentistry in the Republic of Serbia through a given constellation of inversely proportional relations of price and quality, will gain in propulsiveness exclusively through the prism of “mass”, i.e., satisfying the principle of “economies of scale”. The assumptions relating to the latter explicit benefits of the future and the question of their survival, de facto, is the question of nurturing the principle of consistency. Contrary to the literary direction called “larpurlartism”, propulsive, multiplicative and accelerated economic development in the field of dental services, aims to achieve the highest possible financial results. Larpurlartism (from the French “l’art pour l’art”; art for art’s sake) is an aesthetic direction based on the thesis that style and works of art end in themselves, and do not need explanations or rules. The term and name were first used by Theophile Gautier in 1835, in France, to give significance to art, getting free from religious and ethical pressures as a reaction to civic utilitarianism (<https://hr.wikipedia.org/wiki/Larpurlartism>).

Given the economically rational explications, the fact that dental services, de facto, belong, symptomatically, to the most sophisticated group of economic - business activities, in the analyzed market environment, also unquestionably supports it. Following optimal investments in this type of medical and health treatment, by at the same time maintaining (read, and nurturing) the desired level of quality of services provided, a mathematical multiplication operation with a steadily increasing number of foreign users, in the strategic expression of the situation, will surface a phrase: “the economy of mass”. In the economic sense, the latter explicit situation will inevitably enable over a period, even better economic and financial results, both at the micro as well as at the macroeconomic level.

Regardless of significantly lower levels of prices of dental services in the Republic of Serbia, their level of quality does not lag behind that presented in the sample that consists of two EU member states of the EU family, i.e., the Republic of Croatia and the Slovak Republic. Abstracting even additional transport costs as well as overnight stays, including food expenses, implies

that the Republic of Serbia can remain competitive in the sphere of providing dental services, thus further benefitting from a steady increase in finances.

Basically, the circumstance of inhibiting the defined (inversely proportional) relationship, in the relation: lower price rank of dental services - optimally critical rank of quality of provided services, will imply a new, positive market symbiosis, i.e., realistic realization of the market term "mass economy". Above all, if the existing relations stay steady in the long-term (strategic) view, it will be a guarantee of the development of this type of medical and health treatment/tourism together with the complementary growth of micro-macro finances.

However, despite the given title of this chapter some additional scientific facts, which are complementary to the above shown will be derived. Namely, the derived price comparison of dental services in the given example of the three countries analyses observed through the prism of the degree of relevance in general that has taken into account potential development of medical and health tourism is in the mathematical language just the first excerpt. According to mathematical logic, the explanation of the first excerpt of some, any or every scientific assumption or hypothesis through the aspect of relativity can present only required but not sufficient conditions for its either confirmation or rejection. Simultaneously, we note that for the purpose of the scientific research from the aspect of determining the degree of affirmation of the progress of medical and health tourism throughout one of its forms - dental services, the most crucial part played the analysis of price parities.

In a relative sense, the inspected scientific phenomenon by applying the logic of developing scientific research activities solely by performed analyzes of price comparisons and for the purpose of practical implementation at the same time indicates a lack of facts as well as of either confirmation or denial of investments in the mentioned type of business. Although the dental service prices, statistically speaking, are taken in the explicit form on which the orthodox scientific derivatives were based and further developed, presented in the form of realized analysis of price parities, we still emphasize and insist on the lack of scientific data in respect to purposes of verifiability of a grounded hypothesis. The fact that complements the already mentioned explicit doubts regarding the degree of completeness of relevant information pro et contra launching or further development of existing forms of providing medical and health tourism services i.e., through the prism of dental services comes down to a need for implementation of one more inherent, the scientific research method. Specifically, in addition to methods of analysis of the observed phenomenon in the general sense i.e., explicitly, derived price comparability of heterogeneous forms of dental services, another method that also contributed to scientific sophistication refers to the synthesis procedure of scientific conclusions. De facto, on the path of realization, that is, optimization of scientific research experiment along with the use of the analytical methodology in a significantly causal - consequential correlation relationship, there is a need to synthesize already analyzed facts. The analysis of the price parities of the differentiated dental services represents a relevant foundation in the realization of the current scientific research. On the other hand, analytics as a scientific research method per se indicates conditional plausibility either in confirming or rejecting a scientific assumption. Thus, in order to get to conclusions observed through the aspect of relativity, it is essential to synthesize the price parities in the form of analytical method in a systematic way.

However, the logic of the functioning of the chain, explicitly depending on the consequential connections between analytics and synthesis as a scientific research tool, it is necessary to point

out another relevance in the context of missing scientific facts, yet, in the function of completing them. In order to come to the scientific truth, that is, to the relevant answer to the question of economic and financial profitability of doing or even continuing to expand the dental business, through the aspect of providing dental services, we dealt with one more type of analytics. Namely, for the purpose of finalizing current scientific research activities by understanding the degree of affirmation of medical and health tourism, precisely by analyzing price parities of available dental services, we dealt with the analysis of ratios between price levels by method of random statistical sampling of the same types in relation to the average net salaries of employees from the observed three countries. We emphasize, in order to optimize the completion and supplementing of the scientific data through the base of the finalization, i.e., synthesis of scientific conclusions and that in the form of the marginal, in addition to existing types of analytics, with the intention of achieving the highest possible rank of scientific truth of the observed phenomenon, motivated by scientific drive, we therefore relativized the same, by performing yet another analytics. With the intention of considering the degree of propulsiveness of the observed kind of medical and health tourism in a more complex way in spite of additional demands of scientific research, yet guided by the logic of extending the ambience of scientific truth, we have decided to furthermore relativize the observed phenomenon by incorporating data on average net earnings of employees in three European countries i.e., by pairing them with price levels by a method of random statistical sampling. The identified moment of need for additional scientific research and putting into practice emphasized analysis was motivated by consideration of business aspects, such as an opportunity and a hazard of luring foreign citizens through an aspect of dental services within medical and health treatments. Conditionally speaking, scientific research of a similar type we limited to three states of one continent - Europe; following the logic that intercontinental travelers would find it more cumbersome to cover the distance for various reasons. For instance, regardless of the propulsive level of scientific and technological development, especially regarding transportation means - relevant for our scientific research, more distant destinations still inhibit foreign nationals regardless of their living standard or lower price of dental services, seldom set off due to fairly high travel expenses. Nonetheless, it is important to point out a fact that the European market is significantly big. The selection of the dental surgeries in three respective countries was determined by the high standard of dental services and their renowned position in respective surroundings. It should also be emphasized that each of them cares for several thousands of patients annually thus presenting a glaring example of a topic of this scientific paper. A degree of inhibition of foreign nationals' mobility in search of this type of exercise of medical and health tourism is still contributed by the high cost of travel and health insurance. Apart from significantly high expenses of both, travel and health insurance, this aspect also carries additional difficulties regarding rigorous conditioning during the implementation of the given activities, in case of an eventuality, that is, when paying the premium. Anyway, neither travel expenses nor the cost of medical - health insurance cannot be avoided so we have to incorporate them into our projections. By the constellation of other analytics, we point to statistics relating to the average net earnings of employees in three European countries. Namely, the average net salary of employed citizens in Slovakia is 867 euros (<https://www.vesti.rs/Ekonomija/Slovacka-Prosecna-plata-867-evra.html>, October 20, 2021). The average net salary of employed citizens in Croatia is 950 euros (<https://www.b92.net/biz/vesti/region/koliko-zaraduje-prosecni-hrvat-1861075>, October 20, 2021). The average net salary of employed citizens in Serbia is 632 euros (<https://publikacije.stat.gov.rs/G2022/HtmlL/G20221047.html>, October 20, 2021). By comparing the price levels of certain types of dental services with the average net earnings of employees from the given three European countries we will get, although relative - ratio indicators, de facto, indicators of the living standards of the citizens, respectively. We note for the sake

of understanding that the lower the percentage, the more it implies that the living standard of the citizens of the given country is actually at a higher level. In other words, it also means that there is less expenditure on using some kinds of dental services. In parallel, it also implies that if analyzed through a prism of a higher level of the average net earnings of the citizens of those countries, there are increased odds of using dental services packages. To illustrate more precisely, by pairing the price of a service called “complex dental extraction” of 16,95 euros in Serbia, with the average net earnings of its employed citizens, in Serbia, of 632 euros; we come to a relative indicator in the amount of 2,68%. An established relative indicator in effect represents the share of price levels of the given dental service in the average net earnings of the citizens of 2,68%. On the other hand, if the price of a service called “complex dental extraction” is 60 euros in Croatia with the average net earnings of its employed citizens, in Croatia, of 950 euros then by their pairing we come to a relative indicator of 6,32%. To remark, the full names of in essence identical dental services differ solely in one word but de facto is one and the same dental service, which logically implies plausible comparability of derived relative indicators. Thirdly, taking into consideration identical circumstances in the state of Slovakia where the price of a dental service called “surgical extraction” is 95 euros, with the average net earnings of its employed citizens, in Slovakia, is 867 euros, then by their pairing, we come to a relative indicator of 10,96%. Like the previous comparison example in determining the degree of identity of the name of the analyzed dental service, apart from one word, indicates its uniformity in Slovakia as well as in Serbia and Croatia. Respecting these conclusions, we point to absolutely plausible comparability of analytically explicit types of dental services from the given three European countries.

Taking into account the derived ratio indicators, we will synthesize and draw adequate conclusions. For the citizens of Serbia, through the aspect of these two endogenous indicators, i.e., price levels of the given types of dental services along with the average net salary of employed Serbian citizens in Serbia, as well as derivatives i.e., exogenous indicators, the lowest funds will be allocated. With the constellation of the given explication, at a lower rank, although still evident price advantage, in the second place, comes Croatia. Evidently, out of three identically analyzed European states, Slovakia has the least favorable price-earnings ratio. Considering that the price of this particular service is in fact the lowest in the Serbian state indicates its comparative advantage in attracting foreign citizens; in any case, guided by the logic of the progression of medical-health tourism, we will compare it with the average net earnings of the citizens in Slovakia as well as those in Croatia. Basically, if the price of the sample type is 16.95 euros in Serbia, paired with the average net earnings of the citizens in Slovakia of 867 euros, we come to a relative indicator in the amount of 1,95%. Also, if the price of the sample type dental service is 16.95 euros in Serbia, paired with the average net earnings of the citizens in Croatia of 950 euros, we come to a relative indicator in the amount of 1,78%. We conclude that for both, citizens of Slovakia and Croatia, pays off to mobilize, in the sense of tourism, that is to promote to greater extent mobility towards the state of Serbia if we have taken into account exemplified types of dental services. Health-medical mobility, analyzed through the aspect of the observed type of dental service of the citizens of Slovakia and the citizens of Croatia respectively, in financial terms exclusively, is not justified.

4. TRAVEL HEALTH INSURANCE

Travel health insurance (PZO - until recently also called visa insurance) is an element of safety optimization, especially when it comes to preparations for travel, that is, in the circumstances of planning travel costs. Primarily, it provides security during the trip whether it is a business

trip or a family vacation, or for the needs of medical and health tourism. Until the decision on the abolition of visas for Serbian citizens for travel to EU Schengen countries came into force, a travel insurance policy was mandatory when applying for visas.

Nowadays, when the visa liberalization decision came into effect, travel insurance was no longer classified as compulsory insurance. However, despite this fact, possessing a travel insurance policy is, de facto, a necessity for several aspects of safety. Yet, there is no insurance product, which for a relatively small amount of money, or to say for a minor insurance premium, provides huge opportunities if the insured event occurs.

Tourism, as one of the relevant global industries, with no signs of inhibition in the 21st century, is fueled by globalization, high incomes, as well as knowledge- and information-based economies. According to OPIC (Overseas Private Investment Corporation) data from 2009, it is estimated that 16% of all jobs on a global scale are in some way directly or indirectly related to tourism; and globally, that insurance percentage is 3%. We emphasize that exclusive tourism, business vs tourism of symptomatic interest, which was activated after the abolition of the visa regime, and which generate the highest income per visitor, together with mass tourism can have far-reaching qualitative-quantitative results in the field of travel insurance -viewed as a whole.

Of course, to base any projections and plans for future realization of these types of insurance on empirical grounds are unfounded. Namely, the compared type of financial service is directly correlated with the growth of the gross domestic product; so considering that in the domicile environment, since it is slightly increasing, it is necessary to enable the same progression in insurance. Indicators do not speak in favor of the explicit, but represent a well-known model of traditionalism, that is, the unfortunate power of habit where no alternative is possible, either in the legal framework or in the minds of tourists.

Actually, everything must be interpreted exclusively in the form of an obligation while in the relatively near future, in the state of Serbia, clients of travel agencies will relate to travel insurance in accordance with the slogan: "if it is not imperative - it can be and it does not have to be" (Miloradić, 2010, p. 265). It is also necessary to make a development plan to sophisticate the product and finally to develop such a model with all its attributes, which would be completely complementary, both with travel agencies and also with other forms of insurance. In this context, the concept of a grouped, economic and financial model known as the CBM (Cluster Based Model) is plausible.

Without a definite strategy of developing needs versus consciousness, it is impossible to realize long-term, effective progress of economic and financial results. What determines, that is, classifies travel insurance at the time of the abolition of visas, is the decline in the realization of policies on a global level; dealing with the accompanying problems is not easy but not impossible. In a given post-period one should, naturally, be inventive by avoiding other people's programs and principles that used to be implemented in the earlier period. Creating a new concept of realization is, de facto, creating the right product for the right market, i.e., creating a thematic framework of travel insurance with an emphasis on the inherent symptomatic interest that are supporting business, educational and hobby tourism, in an environment of complementary, mass tourism trends. The market is not large, nevertheless, it is profitable, especially if it is properly fragmented.

Taking into account the targeted audience, i.e., the clientele, the elaboration of marketing activities remains, together with the system of promotion, as well as the preparation of professionally

educated staff. Marketing activities should be developed especially in cooperation with travel agencies. In the aspect of trust, security and protection, the company (should) offers various ways of verification, and insurance during the stay, including a refund if the reservation is cancelled in a given time defined by the regulations (Radnović et al., 2019, p 572).

The period spent on the road, as well as the stay abroad, is covered by the travel health insurance policy and in case of illness or accident, the care of the insured is taken over by professionals who conduct and supervise treatment besides organizing a return to the country of residence, i.e., repatriation. All costs of treatment, as well as repatriation, are borne by the insurance company and it should be noted, that the costs of medical assistance abroad, de facto, are at a significantly high level.

The amount of the premium is determined by certain factors: the country to which the person travels, concerning the geographical position of the final destination, as well as its economic development, where the determining factor for the amount insured is the level and cost of medical services and medicines; risk of expediency of travel (a tourist stay does not have the same weight in comparison with persons who are engaged in skiing, athletes in training, etc.); the length of the stay itself, that is, the period of insurance coverage. You should not save money on insurance, because you never know when it will be needed and it is obvious that it cannot be obtained in the form of a subsequent one, that is, it is not realistic to conclude an insurance contract after the potential insured event occurred.

Before a potential traveler decides to take out insurance at an insurance company, they should get acquainted with the possibilities provided by health insurance. First of all, it is necessary to obtain a certificate from the Republic Health Insurance Institute, since, as stated in the notice, all citizens who are paying for the health insurance in any way, have the right to use emergency medical care, during a temporary stay abroad. With that confirmation, upon returning from the trip, the insured person can request the reimbursement of the treatment costs inflicted solely in the case of an emergency. In order to obtain the certificate, the elected doctor must issue a certificate of health, which should be certified by the medical commission of the parent branch of the Institute.

Chronic and acute patients cannot get confirmation, because, as they explain in the Institute, their health condition requires the more frequent provision of health services, which are necessary for them, but they belong to long-term treatment services, and not immediate endangerment of life. In the further iteration of activities, it is necessary to know that health services, with a similar certificate, should not be paid in those countries with which Serbia has signed an international agreement on health insurance (Macedonia, Montenegro, Croatia, Bulgaria, Great Britain, Slovakia, Poland, Romania, Hungary, Czech Republic, Italy, France, Luxembourg, Belgium, the Netherlands, Germany, Austria).

In any case, these are theoretical possibilities, because the compensation of the mentioned costs is very slow or, which is frequent, it is never paid to the insured for the reason that the medical report always contained exclusions, partly based on chronic and acute diseases and often, the requirements of the HIF (RZZO) for supplemental medical reports and the findings of a specialist doctor. However, in the countries with which there is no signed agreement, the service is paid for, and the costs should be subsequently reimbursed by the HIF if the medical commission determines that it was an emergency medical condition. In these cases, the question of the

necessity or “justification” of treatment is always raised, and also considering the length of the period required for making a decision makes the whole thing unfeasible.

Thus, before traveling abroad, having in mind the promptness of payment as explained above, every potential traveler should think in the terms of ensuring the safety of themselves and their families by purchasing a health insurance policy from one of the insurance companies. The amount of money for which the traveler can be insured ranges from 5,000 to 40,000 euros with insurance companies. It is best to insure oneself for the largest possible amount of insurance because it also covers the costs of potential surgical interventions.

Insurance can be arranged either for one person (individual policy) or a family (family policy) or a group (group policy). For stakeholders of organized travel, group insurances are concluded by tourist organizations, which are at the same time travel organizers. Also, in addition to the fact that travel health insurance is no longer compulsory for travelling abroad, potential travelers are still showing great interest, while most insurers have improved the insurance assumptions, that is, introduced new products as well as the possibility of choosing the amount of insurance against premiums.

When the trip is organized under the jurisdiction of a travel agency, the services of travel health insurance are provided by the agency itself through an insurance company with which it has concluded a business arrangement. The price of insurance is stated in the travel program, and represents its immanent segment. In the constellation of general insurance conditions, insurance can be concluded by all persons, or groups of persons, older than six months up to the age limit of 80 years. Persons younger than six months and older than 80 can be insured by paying a reduced or increased insurance premium. The amount of compensation and the value of medical services may not exceed the maximum amount of money, which is agreed upon on the policy, during the agreed period.

Each travel health insurance policy must incorporate basic elements, more specifically, detailed information about the insured (or insured persons, if it is a family or group policy) - name and surname, address from the travel document, contact phone, ID number, passport number, etc. Travel health insurance policy also has to contain the registered individual number, the final destination, i.e., the destination, the signed sum insured for that destination, the types of the insurance coverage, the duration of the insurance, and the period of the insurance coverage.

If the insurance company, through the prism of travel health insurance, allows the payment of travel insurance packages for additional insurance coverage such as luggage insurance, travel cancellation insurance, etc., then, in the form of imperatives, it is necessary to indicate because by opting for some of them the insurance premiums are inherently changing. The entry of data is also relevant, concerning when the policy is issued, the code of the agent who issued it as well as the signature of the insured and the insurer, including the stamp of the insurance company. Usually, above the upper margin of the policy, there is a contact phone of the assistance house, which serves as a call center, and it is obligatory for the insured (or anyone nearby) to call the specified number and tell the duty operator the data they will be asked for. The text in the insurance policy, both on the face and also on the back, is always printed bilingually in order to be explicit and transparent to the medical staff abroad.

5. CONCLUSION

Within the symptomatic, scientific topic, i.e., partially observed sector of medical and health treatment services resulting in determining the elements of tourism development, we observed and analyzed almost exclusively a group of internal factors that may affect the financial situation of dental practices, which, in fact, are engaged in similar business activities.

Internal factors, which will generate a certain more acceptable financial situation, as well as the economic perspective, the medical institution itself with appropriate organizational activities can *de facto* have influence.

However, in the given sense, we can state that a group of external factors also exists. The group of external determinants, which determine the financial position of medical institutions such as dental practices, cannot be influenced but, by the logic of business flexibility, it can be adjusted. External factors that influence the economic-financial position of medical - health and dental surgeries as business organizations, come to the fore through professional representatives of the state, i.e., through the creation of the macroeconomic environment, especially through competent ethical activities of the macroeconomic establishment.

For instance, economic measures of easing the levies on employers in a view of paying contributions for pension, healthcare, and social insurance, as well as in the case of unemployment of dental workers or to say - employees in a similar industry, would result in significant reliefs as a segment of providing medical and health treatment/tourism services. A similar, optimized “domestic” relationship on the part of macroeconomic management towards employees and through an indirect factor- employers, would enable the propulsiveness of the “spiral” of positive feedback. In other words, significantly relieved tax contributions related to salaries would be affected by the continuity of lower price levels of provided forms of medical and health treatment services, i.e., dental activities and consequently the increase in economic and financial effects.

By pursuing a less restrictive monetary policy, i.e., a policy of “cheaper money”, the representatives of the state within a set of economic measures of the macroeconomic system, will enable medical and health institutions as well as dental offices, *de facto*, to attract an increasing number of clients from other countries. By devaluing the national currency by implementing the policy of “cheaper money”, medical and health treatment services, i.e., primarily dental services and then other (non-medical), economic branches (services, but also products), secondarily, become (by price range) more acceptable to a wider audience of stakeholders. Representatives of the state, in the light of the mentioned macroeconomic activity, must take care not to go into an extreme situation, i.e., not to push the national economy into a galloping phase or even worse, into a phase of hyperinflation, i.e., inflation spiral, by excessive “devaluation of money”.

Mathematically, statistically and operationally calculated, optimally managed macroeconomic activities in the form of external factors by the state management can positively influence the economic and financial condition of medical and health institutions, i.e., more specifically, dental practices, in the future. However, in addition to providing a “financial moment”, much more important is ensuring the continuity of a “healthy nation”, which subsequently leads to the utmost achievement of civilization - to live as humanely as possible.

Contemplation such as: “only healthy is at the same time satisfied humanity, and also motivated to achieve even greater economic and financial results”, we could quite at liberty identify with the “phrase of survival of the future”. Given the current negative context of the economic resources of corporations and consequently the macroeconomic environment in the Republic of Serbia, fiscal activities should be aimed at relaxing taxes as well as other parafiscal levies brought upon corporations. It is absolutely not the time, either for increasing the estimates of the existing fiscal duties or for issuing new forms.

On the contrary, the “just in time” model of fiscal relief is more than plausible regardless of whether it is a corporate income tax or a tax on contributions for pension, healthcare, social insurance, or in the case of unemployment. A more empathetic attitude towards the “chronically ill” financial condition of corporations by the macroeconomic management of the establishment would enable the propulsiveness of the spiral of positive feedback, in the succession of time. A more relaxed tax system by the very act of inauguration will contribute to a significant extent, to the prompt motivation of both employers and employees, which will have its effects on triggering the chain reaction of positive impact.

By constellation of the need to “pull” corporations from the problematic financial situation, we also suggest pursuing a significantly less restrictive monetary policy at this moment, that is, a policy of “cheaper money”. A sudden sharp devaluation of the national currency, regardless of the necessity for an urgent reaction at the moment of the decision, would not be a rational thing to do. Although now, a long time from the moment of inhibition, that is, the artificial maintenance of the value of the national currency at a very high level, it would still be out of place to react recklessly in a hurry.

Sudden, “large” devaluation of the domicile currency could be reflected in the inflation rate, which from its currently “galloping” or “double-digit” rates (estimated at between 25% and 30%), would easily slip into “hyperinflation”, that is, in its “three-digit” variant. The necessity is to dosage devaluation of the national currency properly, chiefly in order to stimulate economic and business activities primarily of domestic corporations including dental institutions and surgeries. It should be noted that, over the last 15 years, foreign corporations have been more than generously stimulated by our macroeconomic “experts”. In percentage terms, subsidies to foreign corporations reached approximately significantly high 80%, while the remaining rather modest circa 20%, belong to domicile corporations.

Corporations cannot influence the measures of economic policy or economic system but solely adapt to them. The employers of corporations also cannot influence the consciously recommended management policies, both the “more relaxed fiscus” and the “cheaper money”, which also come to us from the macroeconomic milieu. Following a similar claim to the representatives of the macro-management establishment, we point out the necessity of respecting the explicit scientific research conclusions. Their respect would be an expression of the concern of a rational person in an attempt to achieve business targets, without harming other people or their property. Finally, in addition to stabilizing the “financial position”, the question of the continuity of a “healthy nation” is even more inherent, precisely through the prism of the civilization premise, as humane as possible.

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