

901 45th Street 561.844.6300

West Palm Beach, FL 33407 www.stmarysmc.com

COST ESTIMATE FOR: SCHEDULE SURGERY DATE: PAYOR: Antonina TBD Self pay Wieczorek

October 30, 2012 Discount: 25%

		Surgery #1			
Hospital Fees Breakdown			Physician Fees Breakdown		
Hospital Charges - PICU	1 Night(s)	\$ 3,606.80	Bilateral supramalleolar osteotomy distal tibia with bone graft and internal fixar	1 \$	13,564.50
Hospital Charges - Room and Board	3 Night(s)	\$ 3,684.66	Bilateral osteoplasty lengthening of distal tibia	\$	9,669.00
Hospital charges - Operating Room	6 Hour(s)	\$ 19,086.67	Bilateral lengthening of achilles tendon	\$	5,551.50
Hospital charges - Anesthesia		\$ 4,044.81	Bilateral lengthening of peroneal tendons	\$	4,969.50
Hospital charges - Recovery Room		\$ 1,900.41	Bilateral total excision of fibula	\$	9,657.00
Equipment and Hardware		\$ 5,000.00	Bilateral application of computer dependant ex fix to tibia	\$	9,201.00
Inpatient physical therapy		\$ 972.40	Bilateral decompression of common peroneal nerve, superficial peroneal	\$	8,730.00
Labs, x-rays and medications		\$ 5,070.00	nerve, deep peroneal nerve, sural nerve and posterior tibial nerve		
Pre-Op x-rays		\$ 420.00	Bilateral fasciotomy anterior and lateral compartments leg	\$	3,888.00
Post-Op x-rays		\$ 2,168.00	Bilateral hemiepiphysiodesis with 8 plate	\$	5,236.50
TOTAL HOSPITAL FEES		\$ 45,953.75	Assistant surgeon	\$	14,093,25
			Pre-op clinic visit	\$	855.00
			Post-op clinic visits (6)	\$	1,071.00
Hospital Based Physician Fees			TOTAL TFPS PHYSICIAN FEES	\$	86,486.25
Anesthesiologist		\$ 4,500.00			,
Radiologist		\$ 500.00			
Hospitalist		\$ 3,000.00			
TOTAL HOSPITAL BASED PHYSICIAN FEES		\$ 8,000.00			

## TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES) USD 140,440.00

This estimate is based on information available at this time. Please be advised that hospital fees may change without notice and additional charges may not be included in this estimate; however all charges will be reflected on your final bill. Should the estimate exceed actual charges, a refund will be processed promptly. Conversely, if charges exceed the estimate the patient, parents or legal guardian assumes responsibility for all additional charges. This estimate covers only the items listed above, except for certain other incidental services such as; limited transportation services to and from the facility for treatment purposes, along with other certain incidental charges. Payment in full is expected prior to surgery. Accepted payment methods are: U.S. Bank Checks, U.S. Bank Drafts, or Direct Wire Transfers. For payment arrangements and wire transfer information, please call Ms. Ana Quiroga at 1-561-882-6218. This estimate is valid for 30 days from the date issued.

Best regards,

Ms. Ana Quiroga
Director of Patient Admissions
Tel: 1-561-882-6218
email: ana.quiroga@coniferhealth.com



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**COST ESTIMATE FOR: SCHEDULE SURGERY DATE:** PAYOR:

**Antonina** TBD Self pay

Wieczorek

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Surgery	#2
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Hos	pital	Fees	Breakdown
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## Physician Fees Breakdown

Hospital Charges - Room and Board	1 Night	\$ 1.228.22	Removal of ex fix from both tibias	Φ.	3,708.00
Hospital charges - Operating Room	2 Hour(s)	\$ 5.103.94	Pollicization left hand	\$	7.055.25
Hospital charges - Anesthesia	` '	\$ 1,376.07	Osteotomy of metatarsal	\$	2.327.25
Hospital charges - Recovery Room		\$ 1,438.22	Osteotomy of phalanx	\$	2,246.25
Labs, x-rays and medications		\$ 2,000.00	Syndactaly release, full thickness skin graft from groin to hand	\$	5,322.75
TOTAL HOSPITAL FEES		\$ 11,146.45	Assistant surgeon	\$	4,132.05
			TOTAL TFPS PHYSICIAN FEES	\$	24,791.55
Hospital Based Physician Fees				*	,
Anesthesiologist		\$ 1,250.00			
Radiologist		\$ 100.00			

100.00

USD 1,350.00

**TOTAL HOSPITAL BASED PHYSICIAN FEES** 

TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES)

USD 37,288.00

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Best regards,

Ms. Ana Quiroga **Director of Patient Admissions** Tel: 1-561-882-6218

email: ana.quiroga@coniferhealth.com



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**COST ESTIMATE FOR:** SCHEDULE START DATE: PAYOR:

**Antonina** TBD Self pay

Wieczorek

October 30, 2012

Physical Therapy Fees Breakdown - Following Surgery #1

Physical therapy - One hour land

5x per week

weeks

13.530.00

TOTAL POST OP PHYSICAL THERAPY

USD 13,530.00

TOTAL ESTIMATED COST (CLINIC AND PHYSICIAN FEES FOR PT) USD 13,530.00

This estimate is based on information available at this time. Please be advised that Physical Therapy Fees may change without notice and additional charges may not be included in this estimate; however all charges will be reflected on your final bill. Should the estimate exceed actual charges, a refund will be processed promptly. Conversely, if charges exceed the estimate the patient, parents or legal guardian assumes responsibility for all additional charges. This estimate covers only the items listed above, except for certain other incidental services such as; limited transportation services to and from the facility for treatment purposes, along with other certain incidental charges. Payment in full is expected prior to start of Physical Therapy. Accepted payment methods are: U.S. Bank Checks, U.S. Bank Drafts, or Direct Wire Transfers. For payment arrangements and wire transfer information, please call Ms. Ana Quiroga at 1-561-882-6218. This estimate is valid for 30 days from the date issued.

Best regards,

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