

COST ESTIMATE FOR: Vladislav Alexandrc Shcheblykin April 19, 2019
SCHEDULE SURGERY DATE: TBD
PAYOR: Self pay

Surgery # 1

Hospital Fees Breakdown

Hospital Charges - Room and Board	3 Night(s)	\$	5,379.00
Hospital charges - Operating Room	5 Hour(s)	\$	37,809.28
Hospital charges - Anesthesia		\$	10,843.04
Hospital charges - Recovery Room		\$	2,521.31
Equipment and Hardware		\$	7,875.00
Labs, x-rays and medications		\$	7,800.00
Inpatient physical therapy		\$	1,496.00
TOTAL HOSPITAL FEES		\$	73,723.63

Hospital Based Physician Fees

Anesthesiologist	\$	4,500.00
Radiologist	\$	150.00
Hospitalist	\$	1,400.00
Pathologist	\$	450.00
TOTAL HOSPITAL BASED PHYSICIAN FEES	\$	6,500.00

Physician Fees Breakdown

Lengthening of left femur	\$	11,983.00
Lengthening of left tibia	\$	10,786.00
Multiplane ex fix of femur	\$	11,222.00
Computer dep ex fix of femur	\$	11,043.00
Temporary arthrodesis proximal and distal tib-fib joints	\$	13,952.00
Removal hardware femur and tibia	\$	8,592.00
Assistant surgeon	\$	13,511.60
Strut change (6)	\$	3,000.00
Clinic Visits (9)	\$	4,860.00
Clinic X-rays:	\$	-
Bone Length Study (2)	\$	604.00
Femur, 2 views (9)	\$	2,439.00
Tib/Fib, 2 views (9)	\$	2,151.00

TOTAL TFPS PHYSICIAN FEES \$ **94,123.60**

TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES) USD 174,347.23
LESS: COURTESY DISCOUNT - 50% (USD 87,173.62)
AMOUNT DUE FROM PATIENT USD 87,173.62

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. A USD \$10,000.00 deposit is due within 48 hours of reserving your surgery date and will be applied towards the total estimated fees. The remaining fees are due 15 business days prior to your scheduled surgery date. Changes or cancellations within 60 days of the surgery date will result in forfeiture of the deposit. 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 Mr. Craig Lawrence at 1-561-882-4711. This estimate is valid for 30 days from the date issued.

Best regards,

 Mr. Craig Lawrence
 St. Mary's Medical Center
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 email: craig.lawrence@tenethealth.com