

The Craniofacial Center

Medical City Dallas Children's Hospital

Craniofacial, Cleft, Plastic and Reconstructive Surgery

Jeffrey A. Fearon, M.D., F.A.C.S., F.A.A.P., Director

www.thecraniofacialcenter.com

November 12, 2019

To the Parents of minor child Jan Bednarz:

Surgery Case Cost Estimate (First Stage Hands and Feet Syndactyly Release)

Surgery Cost Estimate is valid until February 12, 2020

*****The discounts offered below are not intended for or extended to insurance companies, charitable organization, or any other business entities. **Do not share this information with or forward to any other parties.*******

The following cost estimate for surgery has been prepared for your review. *****The discounts offered are only extended to individual families paying out-of-pocket for services.***** No claims will be filed to any Insurance companies or Secondary payors once the payments have been received, and services have been performed. **All fees are payable in US funds only.**

The hospital fee must be paid directly to Medical City Dallas Hospital (MCDH) before or at the time of registration. Please contact Tamsin Wade at 972-566-5991 to make your payment of **\$10,800.00** for the surgery and inpatient stay. The hospital accepts all major credit cards, cash, personal checks, cashier's checks and money orders.

To assist you with your payment, Dr. Fearon accepts Bank Wire Transfers (**preferred method**), American Express, Discover, MasterCard, VISA, Cashier's Checks, and Money Orders. A 50% Scheduling and Booking Fee in the amount of **\$10,000.00** is due to Dr. Fearon upon scheduling the surgery date. The remaining 50% in the amount of **\$10,000.00** is due to Dr. Fearon fourteen (**14**) days prior to the surgery date (this fee includes the Pre-operative Evaluation Consultation the day before surgery).

The Anesthesiologists fee of **\$3,000.00** must be paid directly to the Anesthesiologists office once assigned to your case.

The Fee for the Pre-operative History and Physical Clearance Exam is approximately **\$250.00-\$300.00**. **(This fee must be paid directly to the provider assigned to perform the evaluation on the day of service).**

If you have any further questions please do not hesitate to contact our office.

Sincerely,



Alondra E. Tipps, MBA CFO CMOM
Practice Administrator

The Craniofacial Center

Medical City Dallas Children's Hospital

Craniofacial, Cleft, Plastic and Reconstructive Surgery

Jeffrey A. Fearon, M.D., F.A.C.S., F.A.A.P., Director

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SCHEDULING AND BOOKING FEE ESTIMATE

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

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Scheduling of any surgery requires the commitment of time and resources by your physicians and the hospital. Therefore, a 50% scheduling and booking fee is due to Dr. Fearon to confirm the surgery date. The balance of Dr. Fearon's fee is due fourteen (14) days prior to the surgery date. Dr. Fearon's fee may be paid in full at the time of booking. Failure to make payment in full may result in cancellation of the surgery and **forfeiture** of the 50% pre-payment. If your surgery is cancelled for *non-medical* reasons prior to the surgery date, the 50% pre-payment **will be forfeited**. If surgery is cancelled for medical reasons, a full refund will be issued including the 50% pre-payment with notice from your attending physician. **All fees to All Providers are due prior to services being performed.**

Surgery: First Stage Hands and Feet Syndactyly Release

HOSPITAL FEE: Surgery Operating Room and Recovery Room Fee (Includes One Overnight Stay)
Approximate Cost Estimate prior to discount **\$130,000.00**

(Discount applied) 11/12/19 **<\$119,200.00>**

Fee Due to Medical City Dallas Children's Hospital after discount **\$10,800.00**

(Additional days as Inpatient stay will increase fee by \$1,700.00 per day to fee listed)

For additional information regarding the hospital fee and to make payment, please contact Tamsin Wade at Medical City Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the time of registration.

JEFFREY A. FEARON, M.D. - CRANIOFACIAL SURGEON:

First Stage Hands and Feet Syndactyly Release
Approximate Fee (prior to discount) **\$70,122.00**

(Discount applied) 11/12/19 **<\$50,122.00>**

Fee Due to Dr. Fearon after discount **\$20,000.00**

Self Payment Fee includes Pre-operative Consultation w/Dr. Fearon

ANESTHESIOLOGIST - (To Be Assigned):

TOTAL FEE DUE to Anesthesiologist **\$3,000.00**

For additional information regarding the anesthesia fee, please call the Anesthesiologist office once assigned to your case.

Pre-Operative History and Physical Exam - (Provider To Be Assigned):

TOTAL FEE DUE for the Pre-operative Exam **\$300.00**

For additional information regarding this fee, please contact the provider of service once assigned to your case.

Estimate for (Minor Child: Jan Bednarz)

Estimate Date: 11/12/19

SUB-TOTAL in US Funds

\$203,422.00

(All Discounts Applied as of 11/12/19)

<\$169,322.00>

Grand Total Due in US Funds

\$34,100.00

It is not uncommon to find you have further questions regarding the surgery process. Please do not hesitate to contact our office; we will be happy to assist you.

*****NOTE: If Radiology Scans or Pathology Studies are performed prior to surgery, during surgery, or during the hospital stay, **you will be billed separately for Radiology and Pathology Laboratory studies.*******

The Craniofacial Center

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Craniofacial, Cleft, Plastic and Reconstructive Surgery

Jeffrey A. Fearon, M.D., F.A.C.S., F.A.A.P., Director

www.thecraniofacialcenter.com

November 12, 2019

To the Parents of minor child Jan Bednarz:

Re: Surgery Case Cost Estimate (Anterior Cranial Vault Expansion, Split Skull Cranioplasty)

Surgery Cost Estimate is valid until February 12, 2020

*****The discounts offered below are not intended for or extended to insurance companies, charitable organization, or any other business entities. **Do not share this information with or forward to any other parties.*******

The following cost estimate for surgery has been prepared for your review. *****The discounts offered are only extended to individual families paying out-of-pocket for services.***** No claims will be filed to any Insurance companies or Secondary payors once the payments have been received, and services have been performed. **All fees are payable in US funds only.**

The hospital fee must be paid directly to Medical City Dallas Hospital (MCDH) before or at the time of registration. Please contact Tamsin Wade at 972-566-5991 to make your payment of **\$20,520.00** for the surgery and inpatient stay. The hospital accepts all major credit cards, cash, personal checks, cashier's checks and money orders.

To assist you with your payment, Dr. Fearon accepts Bank Wire Transfers (**preferred method**), American Express, Discover, MasterCard, VISA, Cashier's Checks, and Money Orders. A 50% Scheduling and Booking Fee in the amount of **\$8,500.00** is due to Dr. Fearon upon scheduling the surgery date. The remaining 50% in the amount of **\$8,500.00** is due to Dr. Fearon fourteen (14) days prior to the surgery date (this fee includes the Pre-operative Evaluation Consultation the day before surgery).

The Neurosurgeons fee of **\$7,025.80** must be paid directly to the Neurosurgeons office (this fee includes the Pre-operative Evaluation Consultation). Please contact Elizabeth Hernandez at 972-566-6900 to make your payment to Dr. David Sacco.

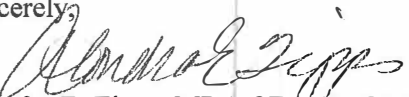
The Anesthesiologists fee of **\$3,000.00** must be paid directly to the Anesthesiologists office once assigned to your case.

The fee for Pediatric Acute Care Associates must be paid directly to this entity. Please contact Alfreda Brown at 972-566-8340 to make your payment of **\$1,855.00**.

The Fee for the Pre-operative History and Physical Clearance Exam is approximately **\$250.00-\$300.00**.
(This fee must be paid directly to the provider assigned to perform the evaluation on the day of service).

If you have any further questions please do not hesitate to contact our office.

Sincerely,



Alondra E. Tipps, MBA CFO CMOM
Chief Financial Officer / Practice Administrator

The Craniofacial Center

SCHEDULING AND BOOKING FEE ESTIMATE

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

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All fees to All Providers are due prior to services being performed.

Surgery: Anterior Cranial Vault Expansion and Remodeling

HOSPITAL FEE: Surgery Operating Room and Recovery Room Fee (Includes up to 2 Days In Hospital)

Approximate Cost Estimate prior to discount

\$160,000.00

(Discount applied) 11/12/19

<\$139,480.00>

Fee Due to Medical City Dallas Children's Hospital after discount

\$20,520.00

(Additional days as Inpatient stay will increase fee by \$1,700.00 per day to fee listed)

For additional information regarding the hospital fee and to make payment, please contact Tamsin Wade at Medical City Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the time of registration.

JEFFREY A. FEARON, M.D. - CRANIOFACIAL SURGEON:

Anterior Cranial Vault Expansion Remodeling

\$21,566.00

Split Skull Cranioplasty

\$11,311.00

Approximate Fee (prior to discount)

\$32,877.00

(Discount applied) 11/12/19

<\$15,877.00>

FEE DUE to Dr. Jeffrey Fearon after discount

\$17,000.00

Self Payment Fee includes Pre-operative Consultation w/Dr. Fearon

DAVID SACCO, M.D. - NEUROSURGEON:

Anterior Cranial Vault Remodeling

\$10,809.00

(Discount applied) 11/12/19

<\$3,783.20>

FEE DUE to Dr. David Sacco after discount

\$7,025.80

For additional information regarding the Neurosurgeons fee, please contact Elizabeth Hernandez at the office of David Sacco, M.D. at 972-566-6900. **Self Payment Fee includes Pre-operative Consultation w/Dr. Sacco**

ANESTHESIOLOGIST - TBA:

\$3,000.00

Anesthesiologist: (TBA)

Phone: (TBA)

For additional information regarding the Anesthesia fee, please call the Anesthesiologists office once assigned to your case.

PEDIATRIC ACUTE CARE ASSOCIATES of NORTH TEXAS: (includes 2 days)

\$3,711.00

(Discount applied) 11/12/19

<\$1,856.00>

FEE DUE to PACANT after discount

\$1,855.00

(Additional days will increase fee by \$100.00 per day to fee listed)

For additional information regarding this fee, please contact Alfrèda Brown at 972-566-8340.

Pre-Operative History and Physical Exam - (Provider To Be Assigned):

FEE for the Pre-operative Exam

\$300.00

For additional information regarding this fee, please contact the provider of service once assigned to your case.

Estimate for (Minor Child: Jan Bednarz)

Estimate Date: 11/12/19

SUB-TOTAL in US Funds

\$210,697.00

(All Discounts Applied as of 11/12/19)

<\$160,996.20>

Grand Total Due in US Funds

\$49,700.80

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November 12, 2019

To the Parents of minor child Jan Bednarz:

Surgery Case Cost Estimate (Second Stage Hands and Feet Syndactyly Release)

Surgery Cost Estimate is valid until February 12, 2020

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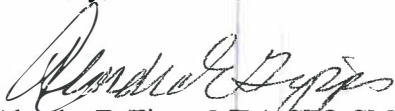
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The Anesthesiologists fee of **\$3,000.00** must be paid directly to the Anesthesiologists office once assigned to your case.

The Fee for the Pre-operative History and Physical Clearance Exam is approximately **\$250.00-\$300.00**. **(This fee must be paid directly to the provider assigned to perform the evaluation on the day of service).**

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Surgery: Second Stage Hands and Feet Syndactyly Release

HOSPITAL FEE: Surgery Operating Room and Recovery Room Fee (Includes One Overnight Stay)
Approximate Cost Estimate prior to discount \$130,000.00
(Discount applied) 11/12/19 <\$119,200.00>
Fee Due to Medical City Dallas Children's Hospital after discount \$10,800.00

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JEFFREY A. FEARON, M.D. - CRANIOFACIAL SURGEON:

Second Stage Hands and Feet Syndactyly Release
Approximate Fee (prior to discount) \$70,122.00
(Discount applied) 11/12/19 <\$50,122.00>
Fee Due to Dr. Jeffrey Fearon after discount \$20,000.00
Self Payment Fee includes Pre-operative Consultation w/Dr. Fearon

ANESTHESIOLOGIST - (To Be Assigned):

TOTAL FEE DUE to Anesthesiologist \$3,000.00
For additional information regarding the anesthesia fee, please call the Anesthesiologist office once assigned to your case.

Pre-Operative History and Physical Exam - (Provider To Be Assigned):

TOTAL FEE DUE for the Pre-operative Exam \$300.00
For additional information regarding this fee, please contact the provider of service once assigned to your case.

Estimate for (Minor Child: Jan Bednarz)

SUB-TOTAL in US Funds

(All Discounts Applied as of 11/12/19)

Grand Total Due in US Funds

Estimate Date: 11/12/19

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<\$169,322.00>

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