Medical City Dallas Children's Hospital

Craniomaxillofacial, 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 (<u>preferred method</u>), 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,

Indre Derins

Alondra E. Tipps, MBA CFO CMOM Practice Administrator

7777 Forest Lane, Suite C700 / Dallas, Texas 75230 / Telephone: (972) 566-6464 / FAX: (972) 566-6279

Medical City Dallas Children's Hospital

Craniomaxillofacial, Cleft, Plastic and Reconstructive Surgery

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### SCHEDULING AND BOOKING FEE ESTIMATE PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

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Surgery: First Stage Hands and Feet Syndactyly Release

Discount applied) 11/12/19	<\$119,200.00>
- D. H. I. C'. D. H. Children's Hognital after discount	\$10,800.00
ee Due to Medical City Dallas Children's Hospital after discount (Additional days as Inpatient stay will increase fee by \$1,700.0	
(Additional days as inpatient stay with increase tee by stronger or additional information regarding the hospital fee and to make payment, plea	ase contact Tamsin Wade at Medical
ity Dallas Children's Hospital at 972-566-5991. Payment in full is due on or b	efore the time of registration.
ity Dallas Children's Hospital at 972-500-5991. I ayment in turn is due on or o	<u> </u>
CRANICEACIAL SURGEON:	
EFFREY A. FEARON, M.D CRANIOFACIAL SURGEON:	
irst Stage Hands and Feet Syndactyly Release	\$70,122.00
pproximate Fee (prior to discount)	<\$50,122.00>
Discount applied) 11/12/19	\$20,000.00
ee Due to Dr. Fearon after discount Self Payment Fee includes Pre-operative Consultation	
Sell Paylifent ree includes rie operative consultance	
- Tarrent OCLOT (To De Assigned):	
NESTHESIOLOGIST - (To Be Assigned):	\$3,000.00
<b>OTAL FEE DUE to Anesthesiologist</b> or additional information regarding the anesthesia fee, please call the Anesthesiologist	
or additional information regarding the anesthesia ree, prease can be ranged	
re-Operative History and Physical Exam - (Provider To Be Assigned):	
and I DEE DILE for the Dro onorotive Even	\$300.00
For additional information regarding this fee, please contact the provider of ser	vice once assigned to your case.
or additional information regarding this ree, prouse contact are p	
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	<b>\$34,100.00</b>

\*\*\*\*\*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.\*\*\*\*

Medical City Dallas Children's Hospital

Craniomaxillofacial, 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

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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

7777 Forest Lane, Suite C700 / Dallas, Texas 75230 / Telephone: (972) 566-6464 / FAX: (972) 566-6279

#### SCHEDULING AND BOOKING FEE ESTIMATE PLEASE READ THE FOLLOWING INFORMATION CAREFULLY:

#### The information below are estimates only and are subject to change and/or increase prior to payment in full.

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#### Surgery: Anterior Cranial Vault Expansion and Remodeling

(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 \$1,700.0	
For additional information regarding the hospital fee and to make payment, please contact	
Children's Hospital at 972-566-5991. Payment in full is due on or before the time of regis	stration.
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	
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
FEE DUE to Dr. David Sacco after discount For additional information regarding the Neurosurgeons fee, please contact Elizabet M.D. at 972-566-6900. Self Payment Fee includes Pre-operative Consultation w/I	th Hernandez at the office of David Saco
For additional information regarding the Neurosurgeons fee, please contact Elizabet	th Hernandez at the office of David Saco
For additional information regarding the Neurosurgeons fee, please contact Elizabet M.D. at 972-566-6900. Self Payment Fee includes Pre-operative Consultation w/E	th Hernandez at the office of David Saco
For additional information regarding the Neurosurgeons fee, please contact Elizabet	th Hernandez at the office of David Saco Dr. Sacco
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For additional information regarding the Neurosurgeons fee, please contact Elizabet M.D. at 972-566-6900. Self Payment Fee includes Pre-operative Consultation w/I <u>ANESTHESIOLOGIST - TBA</u> : Anesthesiologist: (TBA) For additional information regarding the Anesthesia fee, please call the Anesthesiologies	th Hernandez at the office of David Saco Dr. Sacco \$3,000.00 Phone: (TBA) ogists office once assigned to your case.
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For additional information regarding the Neurosurgeons fee, please contact Elizabet M.D. at 972-566-6900. Self Payment Fee includes Pre-operative Consultation w/L ANESTHESIOLOGIST - TBA: Anesthesiologist: (TBA) For additional information regarding the Anesthesia fee, please call the Anesthesiolog PEDIATRIC ACUTE CARE ASSOCIATES of NORTH TEXAS: (includes 2 days) (Discount applied) 11/12/19 FEE DUE to PACANT after discount (Additional days will increase fee by \$100.00 per day For additional information regarding this fee, please contact Alfred Pre-Operative History and Physical Exam - (Provider To Be Assigned): FEE for the Pre-operative Exam For additional information regarding this fee, please contact the provider of servi Estimate for (Minor Child: Jan Bednarz)	th Hernandez at the office of David Sacc Dr. Sacco S3,000.00 Phone: (TBA) ogists office once assigned to your case. \$3,711.00 <\$1,856.00> \$1,855.00 y to fee listed) eda Brown at 972-566-8340. \$300.00 ice once assigned to your case. Estimate Date: 11/12/19

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.\*\*\*\*

Medical City Dallas Children's Hospital

Craniomaxillofacial, 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 (Second Stage Hands and Feet Syndactyly Release) Surgery Cost Estimate is valid until February 12, 2020

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Sincerely,

Alondra E. Tipps, MBA CFO CMOM Practice Administrator

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

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Surgery: Second Stage Hands and Feet Syndactyly Release

roximate Cost Estimate prior to discount count applied) 11/12/19 Due to Medical City Dallas Children's Hospital after discount (Additional days as Inpatient stay will increase fee by \$1,700.00 per day additional information regarding the hospital fee and to make payment, please contact Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the t FREY A. FEARON, M.D CRANIOFACIAL SURGEON: and Stage Hands and Feet Syndactyly Release roximate Fee (prior to discount) count applied) 11/12/19 Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear ESTHESIOLOGIST - (To Be Assigned): TAL FEE DUE to Anesthesiologist additional information regarding the anesthesia fee, please call the Anesthesiologist office once	. I amsim wate at method
<ul> <li>Due to Medical City Dallas Children's Hospital after discount (Additional days as Inpatient stay will increase fee by \$1,700.00 per day additional information regarding the hospital fee and to make payment, please contact Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the t</li> <li><u>FREY A. FEARON, M.D CRANIOFACIAL SURGEON</u>: and Stage Hands and Feet Syndactyly Release roximate Fee (prior to discount) count applied) 11/12/19</li> <li>Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear ESTHESIOLOGIST - (To Be Assigned):</li> </ul>	to fee listed) Tamsin Wade at Medica ime of registration. \$70,122.00 <\$50,122.00>
(Additional days as Inpatient stay will increase fee by \$1,700.00 per day additional information regarding the hospital fee and to make payment, please contact Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the t FREY A. FEARON, M.D CRANIOFACIAL SURGEON: and Stage Hands and Feet Syndactyly Release roximate Fee (prior to discount) count applied) 11/12/19 Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear CESTHESIOLOGIST - (To Be Assigned):	\$70,122.00 \$50,122.00
<ul> <li>additional information regarding the hospital fee and to make payment, please contact Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the t</li> <li><u>CREY A. FEARON, M.D CRANIOFACIAL SURGEON</u>:</li> <li>and Stage Hands and Feet Syndactyly Release</li> <li>roximate Fee (prior to discount)</li> <li>count applied) 11/12/19</li> <li>Due to Dr. Jeffrey Fearon after discount</li> <li>Self Payment Fee includes Pre-operative Consultation w/Dr. Fear</li> </ul>	\$70,122.00 \$50,122.00
Dallas Children's Hospital at 972-566-5991. Payment in full is due on or before the t <u>FREY A. FEARON, M.D CRANIOFACIAL SURGEON</u> : nd Stage Hands and Feet Syndactyly Release roximate Fee (prior to discount) count applied) 11/12/19 Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear <u>ESTHESIOLOGIST - (To Be Assigned)</u> : DUE to DUE to Amonthesiologist	\$70,122.00 <\$50,122.00>
FREY A. FEARON, M.D CRANIOFACIAL SURGEON: nd Stage Hands and Feet Syndactyly Release roximate Fee (prior to discount) count applied) 11/12/19 Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear ESTHESIOLOGIST - (To Be Assigned): ESTHESIOLOGIST - (To Be Assigned): ESTHESIOLOGIST - (To Be Assigned):	\$70,122.00 < <b>\$50,122.00</b> >
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count applied) 11/12/19 Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear CESTHESIOLOGIST - (To Be Assigned):	
Due to Dr. Jeffrey Fearon after discount Self Payment Fee includes Pre-operative Consultation w/Dr. Fear ESTHESIOLOGIST - (To Be Assigned):	\$20,000,00
Self Payment Fee includes Pre-operative Consultation w/Dr. Fear <u>ESTHESIOLOGIST - (To Be Assigned)</u> :	
ESTHESIOLOGIST - (To Be Assigned):	ron
EAL FEE DUE to Anosthosiologist	
EAL FEE DUE to Anosthosiologist	
dditional information regarding the anesthesia fee, please call the Anesthesiologist office once	\$3,000.00
	e assigned to your case.
	0 - 0 - 0
Operative History and Physical Exam - (Provider To Be Assigned):	
LAL FEE DUE for the Pre-operative Exam	\$300.00
additional information regarding this fee, please contact the provider of service once	assigned to your case.
mate for (Minor Child: Jan Bednarz) Estimate	e Date: 11/12/19
B-TOTAL in US Funds	\$203,422.00 <\$169,322.00>
Discounts Applied as of 11/12/19)	
nd Total Due in US Funds	<b>\$34,100.00</b>

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.\*\*\*\*