



901 45th Street
561.844.6300

West Palm Beach, FL 33407
www.stmarysmc.com

COST ESTIMATE FOR:
SCHEDULE SURGERY DATE:
PAYOR:

Nataniel
Not Scheduled
Self pay

Goleniewski

April 14, 2021

Surgery #1

Hospital Fees Breakdown

Hospital Charges - PICU	2 Night(s)	\$	13,320.00
Hospital Charges - Room and Board	2 Night(s)	\$	4,289.60
Hospital charges - Operating Room	5 Hour(s)	\$	63,768.00
Hospital charges - Anesthesia		\$	13,274.40
Hospital charges - Recovery Room		\$	3,692.80
Equipment and Hardware		\$	34,100.00
Labs, x-rays and medications		\$	12,480.00
Inpatient Physical Therapy		\$	1,312.80
TOTAL HOSPITAL FEES		\$	146,237.60

Physician Fees Breakdown

Posterior spinal fusion T10-L2	\$	22,100.00
Ponte osteotomies	\$	34,257.00
TLIF T10-T11, T11-T12, T12-L1, L1-L2,	\$	40,476.00
Assistant surgeon	\$	19,366.60
Clinic Visits (3)	\$	1,620.00
Clinic X-rays:	\$	-
Spine (1)	\$	325.00
TOTAL TFPS PHYSICIAN FEES	\$	118,144.60

Hospital Based Physician Fees

Anesthesiologist	\$	5,000.00
Radiologist	\$	250.00
Hospitalist	\$	6,000.00
Pathologist	\$	500.00
TOTAL HOSPITAL BASED PHYSICIAN FEES	\$	11,750.00

TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES) USD 276,132.20
LESS: COURTESY DISCOUNT: 35% (USD 96,646.27)
AMOUNT DUE FROM PATIENT USD 179,485.93

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
Paley International LLC
Tenet Health Corp.
Tel: 1-561-882-4711
email: craig.lawrence@tenethealth.com