

The Craniofacial Center

Medical City Dallas Children's Hospital

Craniofacial, Cleft, Plastic and Reconstructive Surgery

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

www.thecraniofacialcenter.com

01 December, 2022

To the parents of Laura Matuszewska - DOB: 09 July, 2015:

Surgery Cost Estimate: (Cranial Vault Skull Expansion Reconstruction, Split Skull Cranioplasty, Nasal Bone Graft, Bilateral Lateral Canthopexies)

**(This Cost Estimate is only valid for surgeries performed through 30 December, 2022)
(Surgeries performed beginning 02 January, 2023 are subject to a 2023 rate increase)**

*****The discounts offered below are only extended to individual families paying out-of-pocket for services and 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 fees provided are **estimates only** based on the information available at this time and are subject to change. **Fees may change (decrease or increase)** based on the most up-to-date fee structure, severity of the individual case, number of hours in the operating room, length of stay in the hospital and Intensive Care unit and other ancillary services that may be necessary to properly care for the patient before, during or after the surgery. **All fees must be payable in US funds only.**

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 **\$15,500.00** is due to Dr. Fearon upon scheduling the surgery date. The remaining 50% in the amount of **\$15,500.00** 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 Anesthesiologists fee of **\$3,000.00** may be paid to Dr. Fearon's office or directly to the Anesthesiologists office once assigned to your case.

This office will only accept payment on behalf of Dr. Fearon and the Anesthesiologist. You must make payment arrangements with any other provider of service and the facility directly.

Hospital fee must be paid directly to Medical City Dallas Children's Hospital (MCDCH) at the time of registration. Please contact Jackie Mackey at 972-566-7112 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. **If Radiology Scans are required to be performed by the hospital an additional fee will apply.**

The Neurosurgeons fee of **\$7,068.80** 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 fee for Pediatric Acute Care Associates of North Texas must be paid directly to this entity. Please contact Alfreda Brown at 972-566-8340 to make your payment of **\$1,591.80** once your surgery date is confirmed.

Sincerely,

Alondra E. Tipps

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

The Craniofacial Center

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.

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: Cranial Vault Skull Expansion Reconstruction, Split Skull Cranioplasty, Nasal Bone Graft, Bilateral Canthopexies

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) 01 December, 2022	<\$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)

If Radiology Scans are required to be performed by the hospital an additional fee will apply.

For additional information regarding the hospital fee and to make payment, please contact Jackie Mackey at Medical City Dallas Children's Hospital at 972-566-7112. Payment in full is due on or before the time of registration.

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

Cranial Vault Skull Expansion and Remodeling	\$23,768.00
Split Skull Cranioplasty	\$12,466.00
Nasal Bone Graft	\$7,662.00
Bilateral Lateral Canthopexies	\$6,644.00
Sub-Total	\$50,540.00
(Discount applied) 01 December, 2022	<\$19,540.00>
FEE DUE to Dr. Jeffrey Fearon after discount	\$31,000.00

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

DAVID SACCO, M.D. - NEUROSURGEON:

Cranial Vault Remodeling	\$10,875.00
(Discount applied) 01 December, 2022	<\$3,806.20>
FEE DUE to Dr. David Sacco after discount	\$7,068.80

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 - To Be Determined (TDB): \$3,000.00

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

PEDIATRIC ACUTE CARE ASSOCIATES of NORTH TEXAS: \$2,274.00

(includes 2 days) - (Discount applied) December, 2022	<\$682.20>
FEE DUE to PACANT after discount	\$1,591.80

(Additional days will increase fee by \$845.20 per day to fee listed)

For additional information regarding this fee, please contact Alfreda Brown at 972-566-8340. Payment in full is due prior to the surgery date.

Cost Estimate for Laura Matuszewska

Estimate Date: 01 December, 2022

SUB-TOTAL in US Funds	\$226,689.00
(All Discounts Applied as of 01 December, 2022)	<\$163,508.40>
Grand Total Due in US Funds	\$63,180.60

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.*****