



901 45th Street
561.844.6300

West Palm Beach, FL 33407
www.stmarysmc.com

COST ESTIMATE FOR:
SURGERY DATE:
PAYOR:

Katarzyna
Not Scheduled
Self pay

Kosmider

September 9, 2022

Hospital Fees Breakdown

Hospital Charges - ICU	1 Night(s)	\$ 6,992.80
Hospital Charges - Room and Board	4 Night(s)	\$ 9,008.00
Hospital Charges - Operating Room	8 Hour(s)	\$ 106,146.40
Hospital Charges - Anesthesia		\$ 22,212.80
Hospital Charges - Recovery Room		\$ 3,876.80
Equipment and Hardware		\$ 36,300.00
Labs, x-rays and medications		\$ 8,320.00
Inpatient Physical Therapy		\$ 598.40
TOTAL HOSPITAL FEES		\$ 186,462.40

Hospital Based Physician Fees

Anesthesiologist	\$ 5,000.00
Radiologist	\$ 150.00
Hospitalist	\$ 3,800.00
Pathologist	\$ 450.00
TOTAL HOSPITAL BASED PHYSICIAN FEES	\$ 9,400.00

TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES) USD 291,158.40
LESS: FLAT RATE DISCOUNT (USD 141,158.40)
AMOUNT DUE FROM PATIENT USD 150,000.00

Physician Fees Breakdown

Posterior Spinal Fusion T2-L4	\$ 34,910.00
Removal of spinal instrumentation	\$ 7,183.00
Ponte osteotomies	\$ 34,257.00
Assistant surgeon	\$ 15,270.00
Clinic Visits (3)	\$ 1,620.00
Clinic X-rays:	\$ -
Bone Length Study (1)	\$ 302.00
Spine (2)	\$ 1,754.00
TOTAL TFPS PHYSICIAN FEES	\$ 95,296.00

Physical Therapy Fees Breakdown

Physical therapy - One hour land, 5x per week up to 2 weeks	\$ 3,000.00
TOTAL PHYSICAL THERAPY FEES	\$ 3,000.00

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 one month 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
Director, Finance
Paley International LLC
Tel: 1-561-882-4711
email: craig.lawrence@tenethealth.com