

901 45th Street 561.844.6300

West Palm Beach, FL 33407

www.stmarvsmc.com

COST ESTIMATE FOR: Dorian   SURGERY DATE: Not Sche   PAYOR: NFZ	Dzieza Juled		November 3, 2023 Discount Included: 25%		
Hospital Fees Breakdown		Surgery #1	Physician Fees Breakdown		
Hospital Charges - ICU 1 Night(s)	\$	6,170.45	Insertion of tissue expanders	\$	29,142.75
Hospital Charges - Room and Board 48 Night(s)	\$	95,378.40	Application of halo gravity traction	\$	4,402.50
Hospital Charges - Operating Room 4 Hour(s)	\$	47,544.90	Clinic Visits (7)	\$	3,916.50
Hospital Charges - Anesthesia Hospital Charges - Recovery Room	¢ ¢	9,863.10 3,420.95	Clinic X-rays: Shunt (2)	¢ D	- 850.20
Equipment and Hardware	φ \$	7,566.64	Spine (3)	¢ ¢	2,631.00
MRI- Brain and Complete Spine	φ \$	3.000.00	TOTAL TFPS PHYSICIAN FEES	\$	40,942.95
Labs, x-rays and medications	\$	81,120.00		Ŧ	
Inpatient Physical Therapy	\$	486.20			
TOTAL HOSPITAL FEES	\$	254,550.64			
Hospital Based Physician Fees					
Anesthesiologist	\$	4,000.00			
Radiologist	\$	1,150.00			
Hospitalist	\$	21,400.00			
Pathologist	<u>\$</u>	450.00			
TOTAL HOSPITAL BASED PHYSICIAN FEE	S \$	27,000.00			

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