

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

February 19, 2024

To the parents of Antoni Faberski

Re: Surgery Cost Estimate (Anterior Vault Skull Expansion Reconstruction, Split Skull Cranioplasty, Nasal Bone Graft, Bilateral Lateral Canthopexies, Complex Repairs and Closures)

(Cost Estimate Valid through Expires May 19, 2024)

*****The discounts offered below are only extended to individual families paying out-of-pocket for services - the discounts are not intended for or extended to insurance companies or any other business entities. **Do not share this information with or forward to any other parties.******* No claims will be filed to any Insurance companies or Secondary payors once the payments have been received, and services have been performed.

The fees provided are **estimates only** based on the information available at this time and are subject to change prior to payment in full. **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 **\$21,500.00** is due to Dr. Fearon upon scheduling the surgery date. The remaining 50% in the amount of **\$21,500.00** 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).

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

The 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 **\$13,980.00** 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 Anesthesiologist fee of **\$3,000.00** must be paid directly to the Anesthesiologist billing office. Please contact USAP Pre-Pay Department at 972-776-3172 to make your payment to the Anesthesiologist.

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 **\$1,592.00** once your surgery date is confirmed.

Sincerely,

Mayra Gutierrez

Mayra Gutierrez, NCMOA Office Supervisor/Surgery Coordinator

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: Anterior Cranial Vault Skull Expansion Reconstruction, Split Skull Cranioplasty, Nasal Bone Graft, Bilateral Lateral Canthopexies, Complex Repairs and Closures

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) February 19, 2024 **<\$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:

Anterior Cranial Vault Skull Expansion and Remodeling **\$36,828.00**
Split Skull Cranioplasty **\$23,860.00**
Nasal Bone Graft **\$14,848.00**
Bilateral Lateral Canthopexies **\$6,670.00**
Complex Repairs and Closures **\$4,648.00**
Sub-Total **\$86,854.00**
(Discount applied) February 19, 2024 **<\$43,854.00>**
FEE DUE to Dr. Jeffrey Fearon after discount **\$43,000.00**

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

DAVID SACCO, M.D. - NEUROSURGEON:

Anterior Cranial Vault Remodeling **\$21,264.00**
(Discount applied) February 19, 2024 **<\$7,284.00>**
FEE DUE to Dr. David Sacco after discount **\$13,980.00**

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:

(includes 2 days) - (Discount applied) February 19, 2024 **\$2,274.00**
<\$682.00>
FEE DUE to PACANT after discount **\$1,592.00**

(Additional days will increase fee by \$418.00 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 minor child

Estimate Date: February 19, 2024

SUB-TOTAL in US Funds \$270,392.00
(All Discounts Applied as of February 19, 2024) <\$188,300.00>
Grand Total Due in US Funds \$82,092.00

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.*****