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

August 09, 2024

To the parents of Aleksandra Lewandowska

Email: mbawiec@gmail.com

Procedure: LeFort III Mid-face Advancement - follow by - Halo Removal

(Cost Estimate Valid through November 2024)

The discounts offered are only extended to individual families paying out-of-pocket for services and are not extended to insurance companies or any other business entities. No claims will be filed to any Insurance company or Secondary Payor once the payments have been received and services performed. The fees provided are estimates based on information available at this time; these fees may decrease or increase, based on the most up-to-date fee structure at the time of service.

Dr. Fearon accepts Bank Wire Transfers, American Express, Discover, MasterCard, VISA, Cashier's Checks, and Money Orders. Please note that a service charge of 3% will be applied to all credit card purchases. A 50% Scheduling and Booking Fee in the amount of \$19,415 is due to Dr. Fearon upon scheduling the surgery date. The remaining 50% for \$19,415 is due to Dr. Fearon fourteen (14) days prior to the surgery date. We request that all fees must be payable in US funds only. Dr. Fearon's fees include all visits with Dr. Fearon including the preoperative evaluation, and all postoperative visits for 3 months following surgery.

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

Hospital fees 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 \$52,500, which covers all operating room, intensive care unit and inpatient charges. The hospital accepts all major credit cards, cash, personal checks, cashier's checks and money orders. If any radiology scans are performed by the hospital, an additional fee may apply.

The Anesthesiologist fee of \$4,000 must be paid directly to the Anesthesiologist billing office. This is the total for both surgeries. Once ticket # has been assigned to you, please get in touch with the USAP Pre-Pay Department at 972-715-5080 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 \$2,766 once your surgery date is confirmed.

If you have any further questions, please do not hesitate to contact our office.

Sincerely,

Mayra A. Gutierrez

Mayra A. Gutierrez, NCMOA Office Supervisor / Surgery Coordinator

7777 Forest Lane, Suite C700 / Dallas, Texas 75230 / Telephone: (972) 566-6464 / FAX: (972) 566-6279

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SURGERY SCHEDULING AND BOOKING ESTIMATES 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 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 also be paid in full at the time of initial scheduling. Failure to make a complete payment may result in cancellation of the surgery and **forfeiture** of the 50% pre-payment. If surgery is cancelled for <u>non-medical</u> reasons, 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 the other providers are due prior to services being performed.

Surgical Procedures: #1 LeFort III Mid-face Advancement - and - #2 Halo Removal

Hospital Charges

AMOUNT DUE to Medical City Dallas Children's Hospital for Application Surgery

This is for the operating room and hospital stay.

\$50,000.00

(Additional Days in Hospital beyond 3 Days will be an \$1,700.00 per day)

Please note, that 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.

AMOUNT DUE to Medical City Dallas Children's Hospital for Removal Surgery

This is for removal of the halo and deep plate on the upper jaw.

For additional information regarding the hospital fees and to make payments, please contact Jackie Mackey

For additional information regarding the hospital fees and to make payments, 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.

Surgeon's Fee: Jeffrey A Fearon, MD	
Le Fort III halo-distraction - Application Surgery	\$55,554.00
(Discount applied) August 09, 2024	<u><\$22,224.00></u>
TOTAL FEE DUE to Dr. Fearon for the Application Surgery	\$33,330.00
LeFort III Halo Device Removal, along with deep plate and screws	\$9,162.00
(Discount applied) August 09, 2024	<\$3,662.00>
TOTAL FEE DUE to Dr. Fearon for Removal Surgery	\$5,500.00
	
Anesthesia Fees	
ANESTHESIOLOGIST (To Be Assigned):	
FEE DUE to Anesthesiologist for Application Surgery	\$3,200.00
FEE DUE to Anesthesiologist for Removal Surgery	<u>\$800.00</u>
TOTAL FEE DUE to Anesthesiologist just prior to surgery (Name will be provided)	\$4,000.00
For additional information regarding anesthesia fees, please contact the Anesthesiologist's office	
Intensivist Fees	
Fees charge by intensive care doctors while in ICU for the Application Surgery	\$2,766.00
TOTAL FEE DUE to Intensivist (PACANT) just prior to surgery	
(Additional in-hospital care beyond 3 days will increase fee by \$418.00 per day to fee listed)	

Estimate for: Aleksandra Lewandowska Estimate Date: August 09, 2024

For additional information regarding this fee, please contact Alfreda Brown at 972-566-8340.