The Craniofacial Center
Medical City Dallas Children's Hospital

Craniofacial, Cleft, Plastic and Reconstructive Surgery
Jeffrey A. Fearon, M.D., Director

January 2025

To the parents of: Filip Szajba

Surgery Cost Estimate – Repair Anterior Skull Base Encephalocele
This Cost Estimate is only valid for surgeries performed through March 31, 2025

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. 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 Service charge of 3% will be applied to all credit card purchases. Optional payments are accepted without a Service Charge. A 50% Scheduling and Booking Fee in the amount of $8,470 is due to Dr. Fearon upon scheduling the surgery date. The remaining 50% in the amount of $8,470 is due to Dr. Fearon fourteen (14) days prior to the surgery date. This fee includes a preoperative evaluation and all postoperative consultation visits for 3 months following surgery.

Scheduling of any surgery requires the commitment of time and resources by your physicians and the hospital. 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.

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. All fees to All Providers are due prior to services being performed.

The Hospital fee of $19,440 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 for the surgery and inpatient stay. If Radiology Scans are required to be performed by the hospital an additional fee will apply.

The Neurosurgeons fee of $4,549.20 must be paid directly to Dr. Sacco's office. This fee includes the Pre-operative Consultation. Please contact Elizabeth Hernandez at 972-566-6900 to make your payment to Dr. David Sacco.

The Anesthesiologist fee of $3,000 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 Pediatric Acute Care Associates of North Texas fee of $1,641.61 must be paid directly to this entity. Please contact Alfreda Brown at 972-566-8340 to make your payment to the Pediatric Acute Care Associates of North Texas.

Please 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.

Sincerely,
Rachel Kelton

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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.

Surgery Cost Estimate - Repair Anterior Skull Base Encephalocele

HOSPITAL FEE:

Fee Due to Medical City Dallas Children's Hospital after discount $19,440
Surgery Operating Room and Recovery Room Fee Includes up to 2 Days In Hospital

*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:

Repair Anterior Skull Base Encephalocele	$27,500
Cranial Bone Graft Skull Base	$14,848
Sub-Total	$42,348
(Discount applied 60%)	$(25,408)
FEE DUE to Dr. Jeffrey Fearon after discount	$16,940

DAVID SACCO, M.D. - NEUROSURGEON:

Frontal Craniotomy with Repaid Dura
FEE DUE to Dr. David Sacco after discount $4,549.20

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 (TBD): $3,000
For additional information regarding this fee, please call the Anesthesiologist office once assigned to your case.

PEDIATRIC ACUTE CARE ASSOCIATES of NORTH TEXAS:

 FEE DUE to PACANT after discount - Includes up to 2 Days In Hospital $1,641.61

*Additional days of in-hospital care beyond 2 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.

Grand Total Due in US Funds $45,570.81

It is not uncommon to find you have further questions regarding the surgery process. Please do not hesitate to contact our office at 972-566-6464 or by email rachelk@thecraniofacialcenter.com.