



901 45th Street | West Palm Beach, FL 33407  
 561.844.6300 | [www.stmarysmc.com](http://www.stmarysmc.com)

**COST ESTIMATE FOR:** Anais  
**SCHEDULE SURGERY DATE:** Not Scheduled  
**PAYOR:** Self pay  
 February 22, 2021

<u>Hospital Fees Breakdown</u>		<b>Surgery #1 - Right Side</b>		<u>Physician Fees Breakdown</u>	
Hospital Charges - PICU	1 Night(s)	\$	8,325.00	Right Judet quadricepsplasty	\$ 7,498.00
Hospital Charges - Room and Board	3 Night(s)	\$	8,043.00	Anterior knee capsular release	\$ 8,199.00
Hospital charges - Operating Room	4 Hour(s)	\$	64,154.00	Femoral shortening osteotomy with internal fixation	\$ 12,682.00
Hospital charges - Anesthesia		\$	13,309.00	Decompression of sciatic nerve	\$ 5,685.00
Hospital charges - Recovery Room		\$	4,616.00	Decompression of femoral nerve	\$ 5,017.00
Equipment and Hardware		\$	11,602.50	Decompression of common peroneal nerve	\$ 5,017.00
Brace: KAFO		\$	3,150.00	Decompression of deep peroneal nerve	\$ 5,017.00
Labs, x-rays and medications		\$	7,800.00	Decompression of superficial peroneal nerve	\$ 5,017.00
Inpatient Physical Therapy		\$	1,641.00	Lateral retinacular release of the knee	\$ 4,521.00
<b>TOTAL HOSPITAL FEES</b>		<b>\$</b>	<b>122,640.50</b>	Lysis of adhesions with knee arthrotomy	\$ 7,396.00
<u>Hospital Based Physician Fees</u>				Iliotibial band release	\$ 4,886.00
Anesthesiologist		\$	4,500.00	Anterior lateral, and posterior leg compartment fasciotomies	\$ 5,198.00
Radiologist		\$	150.00	Open hip reduction	\$ 3,381.00
Hospitalist		\$	3,000.00	Ligamentum teres reconstruction utilizing zip tight	\$ 7,520.00
Pathologist		\$	450.00	Iliopsoas resection	\$ 7,343.00
<b>TOTAL HOSPITAL BASED PHYSICIAN FEES</b>		<b>\$</b>	<b>8,100.00</b>	Dega osteotomy	\$ 13,016.00
				Abductor slide	\$ 7,455.00
				Iliac wing osteotomy	\$ 13,016.00
				Quad tendon lengthening	\$ 7,498.00
				Assistant surgeon	\$ 27,072.40
				Clinic Visits (3)	\$ 3,240.00
				Clinic X-rays:	\$ -
				Bone Length Study (1)	\$ 302.00
				Femur, bilateral (3)	\$ 3,996.00
				Foot, bilateral (3)	\$ 1,452.00
<b>TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES)</b>		<b>USD</b>	<b>302,164.90</b>	<b>TOTAL TFPS PHYSICIAN FEES</b>	<b>\$ 171,424.40</b>
<b>LESS: COURTESY DISCOUNT: 35%</b>			<b>(USD 105,757.72)</b>		
<b>AMOUNT DUE FROM PATIENT</b>			<b>USD 196,407.19</b>		

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 15 business days 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  
 Paley International LLC  
 Tenet Health Corp.  
 Tel: 1-561-882-4711  
 email: [craig.lawrence@tenethealth.com](mailto:craig.lawrence@tenethealth.com)