



901 45th Street
561.844.6300

West Palm Beach, FL 33407
www.stmarysmc.com

COST ESTIMATE FOR: Iliia
SCHEDULE SURGERY DATE: TBD
PAYOR: Self pay
Tennishev-Aleksandrovich May 19, 2016

SuperHip

Hospital Fees Breakdown

Hospital Charges - Room and Board	3 Night(s)	\$ 4,478.73
Hospital charges - Operating Room	6 Hour(s)	\$ 33,992.36
Hospital charges - Anesthesia		\$ 7,203.70
Hospital charges - Recovery Room		\$ 3,387.86
Equipment and Hardware		\$ 8,091.60
Labs, x-rays and medications		\$ 7,800.00
Inpatient Physical Therapy		\$ 2,244.00
Pre-Op x-rays		\$ 310.00
Post-Op x-rays		\$ 930.00
TOTAL HOSPITAL FEES		\$ 68,438.25

Hospital Based Physician Fees

Anesthesiologist	\$ 5,000.00
Radiologist	\$ 300.00
Hospitalist	\$ 1,000.00
TOTAL HOSPITAL BASED PHYSICIAN FEES	\$ 6,300.00

Physician Fees Breakdown

Intertrochanteric Osteotomy of femur with internal fixation and bone graft	\$ 14,333.60
Osteoplasty shortening osteotomy of femur	\$ 11,272.72
Dega osteotomy of pelvis with bone graft	\$ 14,333.60
Osteotomy of Ilium for lengthening of abductor muscles	\$ 11,569.92
Lengthening of psoas tendon	\$ 6,526.96
Lengthening and transfer of rectus femoris tendon	\$ 5,524.16
Lengthening of Iliotibial band	\$ 4,342.72
Lengthening of piriformis tendon	\$ 6,626.88
Transfer of tensor fascia lata muscle to great trochanter	\$ 8,705.36
Decompression of lateral femoral cutaneous nerve	\$ 8,299.04
Decompression of femoral nerve	\$ 4,459.44
Decompression of sciatic nerve	\$ 5,053.76
Arthrogram of hip	\$ 1,634.80
Repair pseudarthrosis of femoral neck and insert infuse implant	\$ 10,612.80
Temp arthrodesis hip joint	\$ 9,306.40
Assistant surgeon	\$ 24,520.43
Clinic visits(3)	\$ 1,620.00
TOTAL TFPS PHYSICIAN FEES	\$ 148,742.59

TOTAL ESTIMATED COST (HOSPITAL AND PHYSICIAN FEES) USD 223,480.84

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
 St. Mary's Medical Center
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 email: craig.lawrence@tenethealth.com