



**REGISTRATION & ADMISSIONS DEPARTMENT**  
**Estimate of Charges for Surgical procedures**  
**(Which are based on Manual Calculations)**

---

Date: 00/00/0000      (x) Inpatient      ( ) Outpatient      Admission Date: TBD  
Patient Name: Jane Doe      Date of Birth: 00/00/0000      Est. Procedure Time: 1.5 hr  
Medical Rec: # 000000000      Account#: 0000000000      Diagnosis:  
Procedure:      Med/Surg Service: Surgery  
LOS: 1 Day      CPT Code: 40700

---

**I. HOSPITAL CHARGES**

- Operating Room      \$ 3,405.00 ( 1211 + 1097 x 2 )
- Recovery Room      \$ 994.00 (681+313)
- Room Rate      \$ 2,165.00
- Misc Charges      \$ 4,053.00 (1071+ 741 + 2241)

SUB TOTAL: \$10,617.00

---

**II. Professional Fees**

- Attending Physician      \$ 2,268.00
- Anesthesia Fees      \$ 2,944.00

(LOP + 15 increments) + (Basic Unit) x Cost Per Unit

7 + 16.00 x 128      SUBTOTAL: \$5,212.00

---

**III. ESTIMATED TOTAL CHARGES**

Total Section I & II Above      \$ \$15,829.00

---

Please note that self pay patients paying their bill in full with in 30 days of service will receive a 20% prompt pay reduction to the actual total charges.

\*\*\*PLEASE BE REMINDED THAT THESE ARE ONLY ESTIMATES AND DO NOT REFLECT ACTUAL CHARGES OR TAKE INTO CONSIDERATION CHARGES RELATED TO SERVICES RENDERED DUE TO UNEXPECTED COMPLICATIONS DURING THE COURSE OF TREATMENT.