



PATIENT RESPONSIBILITY ESTIMATE

Patient Information

Insurance: None
 Account Number:
 Service Date: 5/1/2017

Estimated Charges

Code - Service	Charges	Qty	Est. Total
(C) RC:121 -0FB20ZZ-EXCISION OF LEFT LOBE LIVER, OPEN APPROACH	\$107,382.26	1	
Total Estimated Charges			\$107,382.26

Total Estimated Charges \$107,382.26	Estimated Patient Responsibility \$107,382.26
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Uninsured	Savings \$48,322.02	Amount Due \$59,060.24
The estimated cost for your services will be \$107,382.26. We extend a 45% discount to all Self-Pay patients, reducing your estimated cost by \$48,322.02, which makes your total estimated responsibility \$59,060.24.		

Notes:

Estimate Disclaimers

The information provided is an estimate of services performed in hospital space and is not a guarantee of final billed charges. Final billed charges may vary from the estimate for many reasons, such as the changes to the final treatment performed by the physician, updates to a patient's medical condition, unknown circumstances or complications, or a change in the final diagnosis. Professional fees, such as physician, radiologist, anesthesiologist and pathologist fees are also estimated, but you may be billed separately for these services.

Insurance benefit information (where applicable) is based on information provided by your insurance company as of the date of this estimate. Benefits and eligibility are subject to change and are not a guarantee of payment.

Patient Signature **Date** **Hospital Representative Signature** **Date**