Use this template for: “**Imaging and Radiology”**

Use the current Florida Workers Compensation Fee Schedule for the following **{procedure\_name}** and for CPT Codes **{CPT\_code}** and in the following zip code: **{zip\_code}.**

**Name**: {name}  
 **Email**: {email}

1. Display in Table the low, high, and average cost of this procedure for inpatient and outpatient.
2. Display in a Table the outpatient cost for each factor (Surgeon’s Fees, Anesthesia, Diagnostic Costs and Facility) by price range.
3. Display in a Table the inpatient cost for each factor by price range.
4. Provide the expected recovery time
5. Provide the follow-up care treatment plan
6. Provide the Follow-up care costs and number visits giving and approximate total cost
7. Provide detail list of all expected medications and approximate total cost
8. Add the following statement in the closing paragraph: This report is for informational purposes only. It is an estimate based on the Florida Workers’ Compensation Fee Schedule and the information provided to us. It does not consider the current health condition, prior injuries, prior surgeries, or comorbidities that may apply. To secure an accurate estimate of your case, we recommend you contact a qualified healthcare specialist or vendor familiar with cost projections for a report. This product is not intended to replace such reports.