

Logo

Estimate Title

Provider Address1
Provider City, Provider State Provider Postal Code
Provider Phone Number

Creation Date 4/11/2014
Completed On
Estimate Valid Until

Patient Information	
MedAssets Patient Id	5905946
Patient Name	MONGE BALENTIN
Patient DOB	4/10/1988
Patient Gender	M
Patient Address1	9 SHERMAN ST
Patient Address2	
Patient City	STAMFORD
Patient State	CT
Patient Zip	06902
Patient Home Phone	(203)668-1591
Patient Work Phone	(203)668-1591
Patient Plan	1
Patient Plan Name	Percent Rate
Patient Plan Description	CP4 Team
Patient Type	OP
Medical Record Number	Sujnt01
MedAssets Visit Id	14891591
Account Number	Sujnt01
Estimated Date Of Service	4/29/2014 1:07 PM

Service Information					
Procedure Code	Revenue Code	Description	Units	Per Unit Charge	Total
83582	0300	17-KETOGENIC STER08541UCY	1	\$48.05	\$48.05
Total:					\$48.05
Self Pay Discount:					-\$12.01
Estimated Patient Amount Due For Services:					\$36.04
Break Down Of Adjustments To The Estimate Amount Due					
Prior Unpaid Balance:					-
Adjusted Estimate Of Patient Amount Due:					\$36.04

This estimate is for hospital charges for anticipated care, taking into consideration insurance coverage, co-payments, deductibles, coinsurance, and other information that may affect out-of-pocket costs for the patient. Actual charges on the final hospital bill may vary from the estimate for a variety of reasons, which may include the patient's medical condition, unknown circumstances or complications, final diagnosis, and treatment ordered by the attending physician(s). All claims are subject to medical review by applicable insurers according to the information submitted by the provider of service and are subject to determinations of eligibility by insurers at the time of service, benefit maximums and other terms of the member's contract with the insurer. Please be advised that while the hospital attempts to estimate the cost of hospital charges as accurately as possible, there may be significant variations between the estimate provided and the actual charges. Accordingly, the hospital makes no representations, express or implied, and disclaims any and all liability, as to the accuracy of this estimate.