

Surgical Fees Estimate for Leland Chick, MD

Patient: [REDACTED]
Date: [REDACTED]

Procedure Location: AVH

Procedure(s): Upper and Lower Lid Blepharoplasty

Fee to Patient:

Surgeon's Fee:					\$	3,800.00
					\$	
Facility:					\$	1,200.00
Anesthesia:					\$	714.00
Total:					\$	5,714.00

This quote includes the usual pre and post operative routine visits for 1 year. Basic pre-surgical lab tests are included in the fee. Additional lab work is not required unless specified by Dr. Chick. If it is required either pre or postoperatively, the lab will bill you or your insurance plan if it applies. As prescription medications vary from patient to patient, they are a separate expense and not included in this quote. If you have health insurance, they will be covered by your regular prescription co-pay. If you do not have health insurance, the out of pocket estimate is roughly \$75.00. _____ Initials

If you have a complication that requires a trip back to the operating room or if a revisionary procedure of the original surgery is necessary within the first year, there may be no surgeon's fee. However, the cost of hospitalization, the operating room, supplies and anesthesia will be your responsibility. Revisions will be made at Dr. Chick's discretion, IF you followed ALL post operative instructions/restrictions and you kept all your follow up appointments. _____ Initials

A non-refundable deposit of \$100 is required to secure your surgery date. This is applied to your total surgery cost and the remaining fees (nonrefundable) are due not less than 2 weeks before surgery. If you cancel within two weeks of your surgery, you will forfeit the fees already paid. _____ Initials

The quoted surgeon's fee will be honored for 90 days. Seasonal offers are only valid until their expiration date. All other fees are current estimates only and are subject to change. You have discussed the above items with the Clinic Coordinator, have had ample opportunity to consider and ask questions of the Clinic Coordinator and Dr. Chick, and by signing below acknowledge that you fully understand the fees quoted, the payments are not refundable, and your financial obligations set forth herein. _____ Initials

Patient Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____



**Intermountain
Healthcare**

P.O. BOX 30193
Salt Lake City UT 84130-0193

Payment options online at:
Intermountainhealthcare.org/billpay

0201-006845

WEB PAY PIN 650504			
CASH NUMBER		SIGNATURE	
PAY ON OR BEFORE 20 days		PAY THIS AMOUNT \$6521.48	ACCT # 107-208444011

Amount Enclosed \$

Send payment by mail to:

INTERMOUNTAIN HEALTHCARE
PATIENT FINANCIAL SERVICES
PO BOX 410400
SALT LAKE CITY UT 84141-0400

13081070026844401100006521480

STATEMENT DATE: 12/19/2019

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Encounter Number: [REDACTED]	ALTA VIEW HOSPITAL	Current Balance: \$6521.48
Patient name: [REDACTED]		
Service Date & Type: 10/19/18 through 10/19/2018	OUTPATIENT	
Primary Insurance: UTAH IDAHO TEAMSTERS SECURIT...	Policy #:	Date Billed:
Secondary Insurance:	Policy #:	Date Billed:
Total Charges: \$9875.28	Payments Received: -\$3353.80	Adjustments: \$0.00

THE SERVICE DESCRIBED ABOVE WAS BILLED TO YOUR INSURANCE COMPANY, AND THEY HAVE PROCESSED YOUR CLAIM. THE BALANCE REMAINING IS NOW YOUR RESPONSIBILITY.

An itemized statement of service is enclosed for your records. Your account will be handled by Intermountain Healthcare's Patient Financial Services department. You will get one combined statement for all balances you have at any Intermountain Healthcare facility. If you currently have a payment plan, payments sent with this bill may be applied to your payment plan.

Non-Intermountain healthcare providers who practice at our hospitals and clinics may send you a separate bill for their services. These may include anesthesiologists, radiologists, emergency room physicians, surgeons, or other specialists. Please call their offices if you have questions about their bills.

For transportation concerns or issues, contact the US Department of Transportation at:
1200 New Jersey Ave, SE
Washington, DC 20590 Phone: 202-366-2220
<https://www.transportation.gov/airconsumer/>

Payment Options:

- Intermountain Healthcare has expanded our online payment options to provide our customers a more flexible billing experience. Visit Intermountainhealthcare.org/billpay from any device for payment options or to get started.
- To pay online: Visit Intermountainhealthcare.org/billpay.
- To pay by phone: Call the number listed below 24 hours a day to use our automated system or call during regular business hours to speak with a customer service associate.
- To pay by mail: Detach coupon and send payment in the envelope provided.

Financial Assistance

Intermountain Healthcare provides financial assistance to those who qualify. To apply, complete an application online at: Intermountainhealthcare.org/assistance or contact us at the phone number listed below.

**INTERMOUNTAIN HEALTHCARE
PATIENT FINANCIAL SERVICES
4646 LAKE PARK BLVD
SALT LAKE CITY UT 84120**

Hours of Operation:
Phones: Monday - Friday 8:00am - 6:00pm
Office walk-in: Monday - Friday 8:30am - 5:00pm
Account#: 107-268444011

**For questions or
to make a payment call:**
LOCAL: (801) 442-1007
TOLL-FREE: 1-866-415-6556


Itemized Statement of Services
Facility Name: ALTA VIEW HOSPITAL
Date: 12/19/2019

Patient Name: [REDACTED]
Encounter Number: [REDACTED]

SERVICES RECEIVED:

DATE	DESCRIPTION	CPT CODE	AMOUNT
PHARMACY			
10/19/2018	BUPIVACAINE-EPINEPHRINE 0.25%-1:		\$34.91
10/19/2018	HYDROCODONE-ACETAMINOPHEN 7.5 MG		\$7.55
10/19/2018	LIDOCAINE 2% MDV 20 ML		\$27.41
OR SERVICES			
10/19/2018	AV PREOP - OR		\$498.97
10/19/2018	OR MINUTES LEVEL 2		\$6502.02
ANESTHESIA			
10/19/2018	ANESTHESIA PER MINUTE (GENERAL)		\$674.61
DRUGS/DETAIL CODE			
10/19/2018	CEFAZOLIN/NS 2,000 MG/20 ML CMPD		\$53.53
10/19/2018	DEXAMETHASONE 4 MG/ML 5 ML VIAL		\$29.51
10/19/2018	FENTANYL (ANES) 50 MCG/ML 2 ML I		\$110.40
10/19/2018	FENTANYL 50 MCG/ML 2 ML INJECTIO		\$70.88
10/19/2018	LACTATED RINGERS 1,000 ML IV SOL		\$165.99
10/19/2018	MIDAZOLAM PF (ANES) 1 MG/ML 2 ML		\$29.31
10/19/2018	MORPHINE (ANES) 10 MG/ML 1 ML IN		\$114.08
10/19/2018	ONDANSETRON PF (ANES) 2 MG/ML 2		\$30.92
10/19/2018	PROPOFOL (ANES) 10 MG/ML 20 ML V		\$62.83
RECOVERY ROOM			
10/19/2018	AV PACU - OR		\$919.10
10/19/2018	AV POSTOP - OR		\$543.26
XXXXXXX			
12/18/2018	BILLED UTAH IDAHO TEAMSTERS SECU		\$0.00
PAYMENTS & ADJUSTMENTS			
03/18/2019	COMMERCIAL INSURANCE PAYMENT		-\$3353.80

TOTAL CHARGES:	\$9875.28	PAYMENTS & ADJUSTMENTS:	-\$3353.80	CURRENT BALANCE:	\$6521.48
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Utah-Idaho Teamsters

Security Fund

PO Box 43110
Phoenix AZ 850802019/10/001
J097
1203 10470

J119 / [8,004] 1 of 2



Forwarding Service Requested

Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL
ESTO NO ES UN COBRO*****SCH 5-DIGIT 84010
8004 1 AV 0.383 32Customer Service Information
Información de Servicio al Cliente

If you have questions, please contact
Customer Service at 855-292-7954 /
Si usted tiene algunas preguntas,
por favor llame el número del servicio
de cliente 855-292-7954.



Process Date: 02/06/2019
Claim #: JZK178
Patient: [REDACTED]

Provider / Proveedor: ALTA VIEW

Service Dates Fechas del Servicio	Service Code Servicio Código	Total Charge Carga Total	Ineligible Amount Cantidad Inelegible	Discount Amount Cantidad Descuento	Covered by Plan Cubierto Por Plan	Remark Code Código Comentario	Deductible Amount Cantidad Deductible	Co-pay Amount Cantidad Co-Pago	Co-Insurance Coseguro	Pre-Paid Other Ins. Prepago Otro Seguro	Plan Payment Pago del Plan
10/19-10/19/2018	SURGICAL FAC	\$69.87	\$35.87	\$35.87	\$34.00		\$0.00	\$0.00	100%	\$0.00	\$34.00
10/19-10/19/2018	SURGICAL FAC	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	0%	\$0.00	\$0.00
10/19-10/19/2018	SURGICAL FAC	\$7,000.99	\$4,534.17	\$4,534.17	\$2,466.82		\$0.00	\$0.00	100%	\$0.00	\$2,466.82
10/19-10/19/2018	SURGICAL FAC	\$674.61	\$507.61	\$507.61	\$167.00		\$0.00	\$0.00	100%	\$0.00	\$167.00
10/19-10/19/2018	SURGICAL FAC	\$53.53	\$15.82	\$15.82	\$37.71		\$0.00	\$0.00	100%	\$0.00	\$37.71
10/19-10/19/2018	SURGICAL FAC	\$29.51	\$12.18	\$12.18	\$17.33		\$0.00	\$0.00	100%	\$0.00	\$17.33
10/19-10/19/2018	SURGICAL FAC	\$29.31	\$19.45	\$19.45	\$9.86		\$0.00	\$0.00	100%	\$0.00	\$9.86
10/19-10/19/2018	SURGICAL FAC	\$114.08	\$102.24	\$102.24	\$11.84		\$0.00	\$0.00	100%	\$0.00	\$11.84
10/19-10/19/2018	SURGICAL FAC	\$30.92	\$19.04	\$19.04	\$11.88		\$0.00	\$0.00	100%	\$0.00	\$11.88
10/19-10/19/2018	SURGICAL FAC	\$62.83	\$32.83	\$32.83	\$30.00		\$0.00	\$0.00	100%	\$0.00	\$30.00
10/19-10/19/2018	SURGICAL FAC	\$70.88	\$50.27	\$50.27	\$20.61		\$0.00	\$0.00	100%	\$0.00	\$20.61
10/19-10/19/2018	SURGICAL FAC	\$110.40	\$100.09	\$100.09	\$10.31		\$0.00	\$0.00	100%	\$0.00	\$10.31
10/19-10/19/2018	SURGICAL FAC	\$165.99	\$60.55	\$60.55	\$105.44		\$0.00	\$0.00	100%	\$0.00	\$105.44
10/19-10/19/2018	SURGICAL FAC	\$1,462.36	\$1,031.36	\$1,031.36	\$431.00		\$0.00	\$0.00	100%	\$0.00	\$431.00
Column Totals / Totales de la Columna		\$9,876.28	\$6,521.48	\$6,521.48	\$3,353.80		\$0.00	\$0.00		\$0.00	\$3,353.80
Patient's Responsibility / Responsabilidad del Paciente		\$0.00		MTPDI							

Remark Code Description
Descripción de Código Comentario

Claim # Reclamo #	Remark Code Código Comentario	Description Descripción
	MTPDI	Payment for out of network services was calculated using a formula based on generally accepted amounts. For additional information, refer to