

Center for Ankle and Foot Care Orthotic Evaluation and Orthotic Estimate

Provider/Facility Name Center for Ankle and Foot Care		Provider/Facility Type Podiatrist	
Street Address 3190 Citrus Tower Blvd Ste A			
City Clermont		State FL	ZIP Code 34711
Contact Person Dr. McGowan	Phone 352-242-2502	Email Anklefootcare1@gmail.com	
National Provider Identifier 1811032212		Taxpayer Identification Number	

Details of Services and Items for The Center for Ankle & Foot Care

Service/Item	Address where service/item will be provided	Diagnosis Code	Service Code	Quantity	Expected Cost
	[Street, City, State, ZIP]	[ICD code]	[Service Code Type: Service Code Number]		
Evaluation for foot orthotics	3190 Citrus Tower Blvd Ste A, Clermont FL 34711	N/A No Insurance	SPORTHO	2	\$500
Office visit and evaluation/gait analysis	3190 Citrus Tower Blvd Ste A, Clermont FL 34711	N/A no insurance	SP 150	1	\$150
Total Expected Charges from The Center for Ankle & Foot Care				\$	\$650

Additional Health Care Provider/Facility Notes
 Patient understand that this good faith estimate is for the cost of the orthotics and one office visits

Patient Name: _____

Patient Signature/
 Guardian: _____

Date: _____