

## The Center for Ankle and Foot Care Estimate

<b>Provider/Facility Name</b> <b>The Center for Ankle and Foot Care</b>		<b>Provider/Facility Type</b> <b>Podiatry Office</b>	
<b>Street Address</b> <b>3190 Citrus Tower Blvd Ste A</b>			
<b>City</b> <b>Clermont</b>		<b>State</b> <b>FL</b>	<b>ZIP Code</b> <b>34711</b>
<b>Contact Person</b> <b>Diana</b>	<b>Phone</b> <b>352-242-2502</b>	<b>Email</b> <b>Anklefootcare1@gmail.com</b>	
<b>National Provider Identifier</b> <b>1811032212</b>		<b>Taxpayer Identification Number</b> <b>04-3604213</b>	

### Details of Services and Items for The Center for Ankle and 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]		
General foot exam new	3190 Citrus Tower Blvd Ste A	Varies	99204	1	\$230
General foot Exam follow up	3190 Citrus Tower Blvd Ste A	Varies	99213	1	\$75

**Total Expected Charges from The Center for Ankle and Foot Care** **\$**

**Additional Health Care Provider/Facility Notes**  
 Comprehensive foot exam, treatment of nail and skin disorders, labds and prescription orders as needed

**Total estimated cost for all services and items: \$**

Patient Name: \_\_\_\_\_ Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 6