

The Center for Ankle and Foot Care Estimate

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

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]		
New Patient Wart	3190 Citrus Tower Blvd Ste A	B07.0	99204 17110	1	\$250
Follow up wart	3190 Citrus Tower Blvd Ste A	B07.0	99213 17110	1	\$125

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

Additional Health Care Provider/Facility Notes
 Comprehensive office visit and wart treatment

Total estimated cost for all services and items: \$

Patient Name: _____ Patient Signature: _____ Date: _____ 6