

# The Center for Ankle and Foot Care Estimate

Provider/Facility Name <b>The Center for Ankle and Foot Care</b>		Provider/Facility Type <b>Podiatry Office</b>	
Street Address <b>3190 Citrus Tower Blvd Ste A</b>			
City <b>Clermont</b>		State <b>FL</b>	ZIP Code <b>34711</b>
Contact Person <b>Diana</b>	Phone <b>352-242-2502</b>	Email <b>Anklefootcare1@gmail.com</b>	
National Provider Identifier <b>1811032212</b>		Taxpayer Identification Number <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]		
Injury New Patient	3190 Citrus Tower Blvd Ste A	Varies on injury	99204 37630	1	\$275
Follow up injury w/ Xray	3190 Citrus Tower Blvd Ste A	Varies on injury	99214	1	\$120

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

### Additional Health Care Provider/Facility Notes

These estimates are based on having an xray. If your foot is swollen or you are following up for a fracture you will require an Xray, if you Do not require an Xray the visit will be \$60 less

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

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_ 6