

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]		
Diabetic New Foot Care	3190 Citrus Tower Blvd Ste A	B35.1 E11.42or E10.52 M79.2	99204 11721	1	\$235
Diabetic Foot Care follow up	3190 Citrus Tower Blvd Ste A	B35.1 E11.42 or E10.42 M79.2	11721	1	\$60
Total Expected Charges fromThe Center for Ankle and Foot Care				\$	
Additional Health Care Provider/Facility Notes					
Comprehensive office visit and treatment of skin and nail disorders and education on diabetic foot care					

Total estimated cost for all services and items: \$

Patient Name: _____

Patient Signature: _____

Date: _____ 6