Johns Hopkins Medicine International

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Estimate of Expected Services Date of Service:

Nadezda Cherniknizhnaya

JHH# 44803220

Division	Qty	Code	Medical Service Description	JHU	JHH
			PHYSICIAN CHARGES		
JHU ANESTHESIA PAIN MGMT	4	99233	SUBSQ HOSPITAL CARE, LEVEL 3	\$1,254.84	
JHU ANESTHESIA PAIN MGMT	1		New/Est Inpatient consultation	\$202.50	
JHU ANESTHESIOLOGY	35		CRANIECTOMY,FOR EXCISION	\$4,252.50	
			MAG RES W/O CONTRAST MAT,FOLLOWED BY		
JHU ANESTHESIOLOGY	13	270553	CONTRAST MAT	\$1,579.50	
JHU ICU ASSOCIATES	1		SUBSQ HOSPITAL CARE, LEVEL 3	\$330.21	
JHU ICU ASSOCIATES	11	99291	CRITICAL CARE, FIRST HOUR	\$840.00	
JHU NEUROSURGERY	1		CRANIECTOMY, FOR EXCISION OF BRAIN TUMOR	\$20,326.95	
JHU NEUROSURGERY	1		BRN IMG COMPL - STD STATIC	\$1,605.15	
JHU NEUROSURGERY	1	99024	POSTOPERATIVE FOLLOW-UP CARE	\$0.00	
JHU NEUROSURGERY	1	99245	NEW/EST PT CONSULT, LEVEL 5	\$911.25	
JHU NEUROLOGY	11	95822	ELECTROENCEPHALOGRAM	\$216.00	
JHU NEUROLOGY	11	95829	ELECTROCORTICOGRAM AT SURGERY	\$1,291.95	
		05000	INTRAOPERATIVE NEUROPHYS TEST,PER	¢2 122 00	
JHU NEUROLOGY	4		HOUR(LIST SEP IN ADDT TO CODE PRIM PROC)	\$2,133.00 \$472.50	
JHU NEUROLOGY	1 1	95925	SOMATOSENSORY TESTING SHORT-LATENCY IN LOWER LIMBS	\$472.50 \$472.50	
JHU NEUROLOGY	1	95926 95928	CENTRAL MOTOR EP STUDY; UPPER LIMBS	\$348.30	
JHU NEUROLOGY	1 1	95928 95929	CENTRAL MOTOR EP STUDY; LOWER LIMBS	\$348.30	
JHU NEUROLOGY		95929	NEUROMUSCULAR JUNCTION TESTING, EACH	ψ040.00	
JHU NEUROLOGY	4	95937	NERVE,SUPER/INTERP	\$1,522.80	
JHU OTOLARYNGOLOGY.	1	99254	New/ Est Inpatient consultation	\$688.48	
JHO OTOLARTINGOLOGT.	<u>'</u>	33234	LEVEL V,SURG PATH,GROSS AND MICROSCOPIC	φοσο. το	
JHU PATHOLOGY	1	88307	EXAM\	\$371.25	
JIIO I ATTIOLOGI		00001	IMMUNOCYTOCHEMISTRY HISTOCHEMISTRY		
JHU PATHOLOGY	1	88342	TEST, EACH AB	\$171.45	
UNIO I / AMICECO.			MAG RESONANCE;W/O CONTRAST		
			MATERIAL, FOLLOWED BY CONTRAST		
JHU RADIOLOGY	2	70553	MATERIALS AND SEWQ	\$1,746.00	
JHU RADIOLOGY	1	76377	3D RENDERING W/POSTPROCESS	\$379.35	
JHU CARDIOLOGY	1	93010	ELECTROCARDIOGRAM INTERP AND REPORT	\$40.50	
JHU RADIOLOGY	1	71020	CHEST 2-VWS POSTEROANTER & LAT	\$68.85	
			HOSPITAL CHARGES		
ADMISSION FEE	1	40600010	ADMISSION CHARGE		\$654.4
BLOOD LABORATORY	1		ABO CELL GROUPING		\$12.2
BLOOD LABORATORY			ANTIBODY SCREEN SALINE+AHG		\$36.6
			RHO(D)TYPE		\$12.2
BLOOD LABORATORY	1		FIBRIN SEALANT 2.0 ML		\$750.4
BONE/TISSUE BANK	1				
CORE LABORATORY	1		BASIC METABOLIC PANEL		\$33.6
CORE LABORATORY	2		BASIC METABOLIC PANEL, EMER		\$67.2
CORE LABORATORY	1	49005750	COMP METABOLIC PANEL, EMER		\$45.8
CORE LABORATORY	1	49030200	HEME-8		\$24.4
CORE LABORATORY	2	49030220	HEME-8,EMERGENCY		\$48.9
CORE LABORATORY	1		MAGNESIUM, SERUM, EMERGENCY		\$18.3
CORE LABORATORY	1		PHOSPHATE, SERUM, EMER.		\$6.1
The same of the sa	1		URINALYSIS, COMPLETE		\$27.5
CORE LABORATORY					\$94.7
CRITICAL CARE LAB			BLOOD GASES EMERGENCY (PH,PCO2		
CRITICAL CARE LAB	1_		GLUCOSE,WHOLE BLOOD(CRITICAL C		\$12.2
CRITICAL CARE LAB	1	52101820	HEMOGLOBIN, TOTAL, WHOLE BLOOD		\$12.2
CRITICAL CARE LAB	1	52110200	IONIZED CALCIUM,WHOLE BLOOD		\$45.86

Estimate of Expected Services

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CRITICAL CARE LAB	1	52101040	POTASSIUM, WHOLE BLOOD, EM	\$12.24
CRITICAL CARE LAB	1	52101030	SODIUM, WHOLE BLOOD, EMERG	\$6.13
CT SCANNINGNEURO	1		3D POSTPROCESS - WAND	\$423.23
DAILY HOSPITAL CARE	3		PEDS ICU CAT 1	\$16,758.72
DAILY HOSPITAL CARE	7	99076210	PEDS-SEMI PRIVATE PCR3	\$23,441.60
GOR PEDIATRICS	320	56500020	G O R PRICE PER MINUTE	\$9,104.00
HISTOPATHOLOGY LAB	1		IMMUNOCYTOCHEMISTRY, EACH AB	\$183.38
HISTOPATHOLOGY LAB	1		LEVEL V GROSS AND MICROSCOPIC	\$305.65
INTRA OPERATIVE MONITORING & E P	1		EEG - SLEEP ONLY	\$257.98
INTRA OPERATIVE MONITORING & E P	1	41798590	IOM 5 HOURS OR LESS CONTINUOUS	\$945.94
INTRA OPERATIVE MONITORING & E P	1	41799450	MEP - LOWER	\$429.98
INTRA OPERATIVE MONITORING & E P	1		MEP - UPPER	\$429.98
INTRA OPERATIVE MONITORING & E P	4	41798810	NEUROMUSCULAR JUNCTION TESTING	\$688.00
INTRA OPERATIVE MONITORING & E P	1	41798550	SSEP Lower	\$257.98
INTRA OPERATIVE MONITORING & E P	1		SSEP Upper	\$257.98
M/S SUPPLIES GOR-NEUROSURGERY	1		BUR FLUTED 1.12MM*6.35MM SIL0	\$227.20
M/S SUPPLIES GOR-NEUROSURGERY	1	53102150	BUR FLUTED BALL 5MM SIL5	\$246.40
M/S SUPPLIES GOR-NEUROSURGERY	1		BUR SPIRAL 2.15MM*22MM	\$248.00
M/S SUPPLIES GOR-NEUROSURGERY	1	53114390	HANDPIECE TOUCH CONTROL	\$958.40
M/S SUPPLIES GOR-NEUROSURGERY	7		SCREW SD 1.5*4MM	\$347.20
M/S SUPPLIES GOR-NEUROSURGERY	2		TUBING NEURO SUCTION 15"	\$54.40
M/S SUPPLIES GOR-PEDIATRICS	1		PERFORATOR DISP PEDS	\$857.60
M/S SUPPLIES GOR-PEDIATRICS	1		PIN MAYFIELD SKULL CHILD DISP	\$100.80
MED & SURG SUPPLIES-ANESTHESIOLOGY	1	41090510	BLANKET WARMING LOWER BODY	\$27.20
MED & SURG SUPPLIES-ANESTHESIOLOGY	1	41091130	KIT, ANESTHESIA SET-UP	\$70.40
MED & SURG SUPPLIES-ANESTHESIOLOGY	1	41091140		\$27.20
MED & SURG SUPPLIES-RADIOLOGY	4		BRAINLAB SPHERE	\$403.20
MED. & SURG. SUPPLIES-BC	1		BAG RESUSCITATION CHILD W/MASK	\$86.40
MED. & SURG. SUPPLIES-BC	1		BAG RESUSITATION ADULT W/PEEP	\$73.60
MED. & SURG. SUPPLIES-BC	1	43104850	Kit Transducer 3cc 60" add-on	\$33.60
MED. & SURG. SUPPLIES-BC	1		Sens Peds Single Use LNOP-ADT	\$40.00
MED. & SURG. SUPPLIES-GOR	1	43612620	ADHESIVE SKIN HISTOACRYL CLEAR	\$64.00
MED. & SURG. SUPPLIES-GOR	2		BONE WAX W31G	\$60.80
MED. & SURG. SUPPLIES-GOR	1	43610290	CORD BIPOLAR IRRIGATION DISP 1	\$68.80
MED. & SURG. SUPPLIES-GOR	1		DRAPE PENTERO STERILE	\$97.60
MED. & SURG. SUPPLIES-GOR	1		GELFOAM ULTRA SPONGE SZ 100	\$128.00
MED. & SURG. SUPPLIES-GOR	1	43699990	GOR SUPPLY, MANUALLY PRICED	\$337.60
MED. & SURG. SUPPLIES-GOR	1	43605760	PACK BASIC	\$83.20
MED. & SURG. SUPPLIES-GOR	2		POWDER GELFOAM STRL	\$416.00
MED. & SURG. SUPPLIES-GOR	1		STAPLER SKIN 35 WIDE PRECISE V	\$32.00
MED. & SURG. SUPPLIES-GOR	1	4	SURGICEL 4*8 HEMOSTAT ABS ST	\$208.00
MED. & SURG. SUPPLIES-GOR	1		SURGICEL FIBRILLAR 2*4	\$364.80
MED. & SURG. SUPPLIES-GOR	3		SUTURE SURGILON 4-0 T-30 POP	\$62.40
MED. & SURG. SUPPLIES-GOR	1		TRAY CRANIOTOMY (PACK)	\$633.60
MED. & SURG. SUPPLIES-GOR	1		TRAY FOLEY URINE METER 350ML S	\$35.20
MICROBIOLOGY LAB	1		BACT CULT CLEAN CATCH URINE	\$59.20
MICROBIOLOGY LAB	1		MRSA SURVEILLANCE CULTURE	\$59.20
MICROBIOLOGY LAB	1		VRE STOOL SURVEILLANCE CULTURE	\$59.20
MRI-HEAD	2		MRI, BRAIN W/WO CONT W/DIFF	\$2,995.20
NEURORADIOLOGY	1	51467700	CT SCAN FOR NEEDLE BIOPSY	\$60.37
NEUROSURGICAL ANESTHESIA-EQUIP/TECH	320		ANESTHESIOLOGY PRICE PER MINUT	\$2,560.00
NON-O.R. ANESTHESIA-EQUIP AND TECHS	77		ANESTHESIOLOGY PRICE PER MINUT	\$616.00
OUTPATIENT ROUTINE	3		Est Patient Lvl 1, 0-10 Min	\$408.00
PEDS INTENSIVE CARE LAB	1		BLOOD GASES	\$94.74
PHARMACY	1		Bupivacaine 0.25%/Epi 30ml	\$4.48
PHARMACY	2		CEFAZOLIN 500MG IV,IM	\$1.92
PHARMACY	1		DEXAMETHASONE	\$1.17
PHARMACY	12		DEXAMETHASONE 1MG IM, IV	\$4.45
PHARMACY	2	34501860	DEXTROSE/NS (5%) 500ML IV	\$2.40

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PHARMACY	2	34501900	DEXTROSE/NS (5%) 500ML IV		\$2.40
PHARMACY	1	34502720	FENTANYL CITRATE 0.1MG INJ		\$0.69
PHARMACY	5	34503680	HYDROMORPHONE 4MG IV		\$54.72
PHARMACY	10	34584140	Levetiracetam 10mg IV		\$9.44
PHARMACY	6	34534410	Levetiracetam Oral Solution 10		\$16.22
PHARMACY	3	34581320	Naloxone 1mg IM, IV, SC		\$97.06
PHARMACY	6	34532280	Oxcarbazepine 300mg/5ml oral s		\$46.75
PHARMACY	7	34523940	OXYCODONE HCL		\$2.02
PHARMACY	1	34526870	SENNA		\$0.77
PHARMACY	1	34506780	SODIUM CHLORIDE INF 100ML IV2		\$1.70
PHARMACY	1	34528340	THROMBIN		\$158.77
PHARMACY	1	34529980	VITAMINS, MULTI		\$0.05
REHAB. MED OSLER P/T	1	44270520	Phys Therapy Eval - 30 min		\$275.20
AMBULATORY CARE LAB	1	55500800	BLOOD COLLECTION,OUTPT,VENIPUN		\$22.40
CORE LABORATORY	1	49030200	HEME-8		\$22.40
CORE LABORATORY	1	49052700	URINALYSIS, COMPLETE		\$25.60
DIAGNOSTIC RADIOLOGY	1	44810100	CHEST PA AND LATERAL		\$262.40
EKG	1	45199120	ELECTROCARDIAGRAM (EKG)		\$110.40
HEMATOLOGY LAB	1	47638200	PROTHROMBIN TIME		\$22.40
HEMATOLOGY LAB	1	47638210	APTT		\$22.40
			Estimated Physician Charges	_	
			(not final amount)	\$41,574.13	
			Estimated Hospital Charges		\$69,879.54
			(not final amount)		
			TOTAL DEPOSIT DUE (not final amount)		\$111,453.67

PLEASE NOTE: This estimate is valid for 30 days from issued date

The above estimate is based on average historical charges for patients with similar diagnoses and procedures as those anticipated for the patient. As an estimate, it may vary significantly from actual charges because of complications that may arise but cannot be predicted. In cases where the actual charges are less than the deposit given, the patient will be refunded the difference by Johns Hopkins. In cases where the actual charges exceed the deposit given, the patient will be fully responsible for paying the difference. If the patient fails to make such payment within thirty (30) days of request by Johns Hopkins, the unpaid amount shall be subject to an administrative late charge equal to 1% per month of such unpaid amount. This late charge is payable to Johns Hopkins on demand in recognition of the time and expense incurred in handling delinquent payments and is not a penalty. By signing below, the patient has read or understands and agrees with the above.

Patient/Family Signature	

For your convenience, please note that we accept the following methods of payments - Visa, MasterCard, American Express, Travelers-Checks, US-Checks and Cash. Should you prefer to wire transfer funds to Johns Hopkins, please do so as follows:

Bank of America Johns Hopkins Branch 1800 E. Monument Street, Baltimore, MD 21287 ABA Number: 026009593 Swift code: BOFAUS3N

JHH International Services Depository Account Number: 2000501999

It is essential that you note the patient's name and history number as reference on this wire transfer. Also, please fax a copy of your wire confirmation to International Patient Services Finance, ATTN: JUDE NESIFORT at 410-735-6570.

Please feel free to contact the International Services at 410-955-8032 if you have any further questions or inquiries. Thank you for choosing Johns Hopkins Hospital for your healthcare needs.

prepared by: Ashraf S. Bakry abakry@jhmi.edu

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