

**Kinex Podiatry  
Foot and Ankle Clinic**

**More details about your estimate**

Patient name: \_\_\_\_\_

Provider(s) or facility name: **KINEX PODIATRY FOOT AND ANKLE CLINIC**

**The amount below is only an estimate.**

It isn't an offer or contract for services. This estimate shows the full estimated costs of the items or services listed. It doesn't include any information about what your health plan may cover. This means that the final cost of services may be different than this estimate. Contact your health plan to find out how much, if any, your plan will pay and how much you may have to pay.

<b>SERVICE CODE</b>	<b>DESCRIPTION</b>	<b>ESTIMATED AMOUNT TO BE BILLED</b>
99204	NEW PATIENT INITIAL EVAL	\$150
99214	ESTABLISHED/FOLLOW UP PATIENT	\$120
73620	2 VIEW X-RAY	\$75
73630	3 VIEW X-RAY	\$85
11730/11750	NAIL PROCEDURE	\$160
11732	ADD-ON NAIL PROCEDURE	\$140 EACH
WARTS	# OF LESIONS+SIZE DEPENDENT	\$160-\$900
11055/11056	CALLUS/CORNS-DEPENDENT ON SEVERITY	\$70-\$90
20550	PLANTAR FASCIA STERIOD INJECTION	\$160
ORTHOTICS	ORTHOTICS	\$55

Call us for prices of Custom Orthotics, diabetic Shoes and other supplemental products.

**PLEASE NOTE: PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE. PLEASE CHECK WITH OUR OFFICE BEFORE SERVICE.**