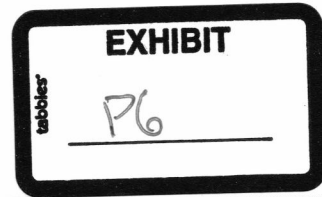


ATTACHMENT B



Procedure/Item	Expected Cost Without Insurance	Notes	Expected Cost After Insurance	Notes
Hip Arthroscopy	\$42,510.00		\$6,000	DATE FILED: May 10, 2017 CASE NUMBER: 2016S26 On the basis and companies do not cover this equipment rental
CPM Machine (\$25/day X 24 days)	\$600		\$600	
Physical Therapy	\$6,240	Approx 3X/week for 4 months=48 visits	\$2,400	\$50 copay X 48 visits
Post-Op Visits with Physician	\$1,200	Predicting 4 visits at \$300 each	\$200	\$50 copay X 4 visits
Ice Machine	\$250		\$250	Not covered by insurance
DVT Machine	\$210		\$210	
Totals	\$51,010.00		\$9,660	
Insurance Information				
Copay for Primary Care	\$35			
Copay for Specialist	\$50			
Individual Deductible (once this is reached, insurance covers 80%)	\$1,000			
Maximum Out-of Pocket (once this is reached, insurance covers 100%)	\$6,000			

Filed in the _____ Court
San Miguel County, Colorado

MAY 10 2017