

**CHILDREN'S HOSPITAL BOSTON  
CHARGE ESTIMATE FOR THE STEP PROCEDURE**

This estimate was developed based on all CHB cases having the STEP procedure over the past three years. The estimate includes cases of varying severity, lengths of stay, and service needs creating a range of possible charges. The estimate is comprised of inpatient hospital charges, physician charges, and outpatient charges. **Please remember, this is an estimate, and your individual charges may be higher or lower depending on the course of your case.**

Below is your estimate, along with a range of charges, and a range of inpatient lengths of stay that were required for the STEP procedure. Please note that this estimate contains Children's Hospital Boston charges, and does not include charges you may incur for post-discharge services. These include, but are not limited to, prescriptions, home care, and medical devices.

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**Your estimated charge is \$241,152.** 80% of patients had charges at or below this amount.

50% of patients had charges at or below \$233,685.  
95% of patients had charges at or below \$244,885.

Patients over the past three years required **lengths of stay ranging from 20 days to 47 days.**

Patients having the STEP procedure over the past three years required General Medicine, CHB Radiology, Laboratory, and Physical Therapy/Occupational Therapy Services. In addition, these patients required a range of specialty clinic services.

**ESTIMATE FOR:** \_\_\_\_\_  
Patient Name

\_\_\_\_\_  
IC Staff Signature

\_\_\_\_\_  
Date