FOOT AND ANKLE
INSTITUTE OF COLORADO

SELF PAY PACKAGES:

PACKAGE 1 - **HEEL PAIN**: **$510**

INCLUDES: INTITAL OFFICE VISIT, X-RAYS, INJECTION, OVER THE COUNTER ORTHOTICS AND 1 FOLLOW UP VISIT.

PACKAGE 2 - **INGROWN NAIL/NAIL INJURY: $560**

INCLUDES: INITIAL OFFICE VISIT, SURGICAL PROCEDURE FOR 1 NAIL (EACH ADDITIONAL NAIL $128), POVIDINE AND 1 FOLLOWUP VISIT.

PACKAGE 3 - **NEUROMA/BALL OF FOOT PAIN: $500**

INCLUDES: INITIAL OFFICE VISIT, X-RAY, INJECTION, OVER THE COUNTER ORTHOTICS AND 1 FOLLOW UP VISIT

PACKAGE 4 - **WART TREATMENT: $360**

INCLUDES: INITIAL OFFICE VISIT, 1 WART TREATMENT. FOLLOW UP TREATMENTS: $183 EACH.

PACKAGE 5 - **FOOT/ANKLE SPRAIN OR INJURY: $380**

INCLUDES: INITIAL OFFICE VISIT, X-RAY, 1 FOLLOW UP VISIT

PACKAGE 6 - **FOREIGN BODY: $880**

INITIAL OFFICE VISIT, X-RAY, ATTEMPTED REMOVAL OF FOREIGN BODY, 1 FOLLOW UP VISIT

(COST ESTIMATE WILL BE PROVIDED FOR ANY NECESSARY SURGICAL CARE OR ADDITIONAL RECOMMENDATIONS)

PACKAGE 7 - **FOOT/ANKLE PAIN – NO SPECIFIC PATHOLOGY**: **$380**

INTITAL OFFICE VISIT, X-RAY, 1 FOLLOW UP VISIT

INJECTION IF NEEDED WOULD BE AN ADDITIONAL COST

PACKAGE 8 - **FOOT/ANKLE FRACTURE – NON-SURGICAL: $645**

INITIAL OFFICE VISIT, X-RAY, WALKING CAMBOOT, X-RAY AND 1 FOLLOW UP VISIT.

PACKAGE 9 - **CUSTOM ORTHOTIC PACKAGE: $984**

INITIAL OFFICE VISIT, X-RAY(S), SCANS, CUSTOM ORTHOTICS, 1 FOLLOW UP VISIT FOR DISPENSE

ADDITIONAL PAIR(S) OF ORTHOTICS $325 EACH

SURGICAL PACKAGE: FOR FOOT AND ANKLE SURGICAL PROCEDURES PERFORMED AT AN OUTPATIENT FACILITY, COST ESTIMATES FOR PROVIDER SERVICES ARE SUPPLIED BY OUR SURGERY SCHEDULER AT THE PHYSICIANS REQUEST. COST ESTIMATES FOR FACILITY FEES WILL BE PROVIDED DIRECTLY BY THE OUTPAITENT FACILITY.

NOTE: DME ITEMS SUCH AS FIGURE 8 ANKLE BRACE, OVER THE COUNTER ORTHOTICS, CAMBOOT, NIGHT SPLINTS ARE AN ADDITONAL COST.