A box with a schedule box

Description automatically generated**Fee Schedule Template** (Center Here)

**Write Company Name here**

Address Here - Phone: 123-456-789-10 - www.youremailaddress@gmail.com

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| --- | --- | --- | --- | --- |
| **Level 4 (Basic) Trauma Centers** | | | | |
| **Description** | | **Bed Capacity** | | **Fee structure** |
| Critical Access | | 25 beds or less | | $2,250.00 |
| Basic Level 4 Trauma Centers | | 26 - 100 beds | | $2,400.00 |
| Basic Level 4 Trauma Centers with  OR and ICU capability | | More than 100 beds | | $2,700.00 |
| Basic Level 4 Trauma Centers with OR and ICU capability *and* five or more ER-OR cases *and/or* five or more ER-ICU cases with ISS greater than or equal to 9 *and/or* receive trauma transfers. This level will require the addition of a surgeon to the team. | | More than  100 beds with qualifiers | | $3,300.00\* |
| **Level 3 (advanced) Trauma Centers** | | | | |
| **Description** | **Bed Capacity** | | **Fee structure** | |
| Level 3 Advanced Trauma Centers | Less than 100 beds | | $3,300.00\* | |
| Level 3 Advanced Trauma Centers | 100 - 200 beds | | $3,600.00\* | |
| Lead Level 3 and/or Level 3 Advanced  Trauma Centers | More than 200 beds | | $3,900.00\* | |

https://www.schedulesbox.com/