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Advance Beneficiary Notice (ABN)

Over the past few years, **Medicare**, as well as **commercial insurance carriers** has repeatedly cut reimbursement to physicians at every level. We regret we now find it necessary to charge for services we were able to provide at no charge in the past. A fee will be assessed for **PHONE CONSULTATIONS** rendered 90 days or more **AFTER** most surgical procedures. In the immediate postoperative period, concerns that can be safely addressed by phone will be handled as they have in the past. When you call to speak with the physician or clinic staff **regarding issues normally handled during an office visit**, the following fees will be assessed:

- 99371 Calls regarding medical treatment, new problems, medication changes, etc with the CLINIC STAFF: \$25.00
- 99373 Calls by the PHYSICIAN regarding test results, medical problems, etc. \$40.00

Medicare, as well as **commercial insurance carriers**, was never intended to pay for all services. The fact that **your insurance coverage** does not pay for a particular service does not mean that you should not receive that service. We expect that **Medicare** and **some commercial insurance carriers** will not pay for the services described above.

PLEASE CHOOSE ONE OPTION

YES I want to receive these services. If Medicare or my insurance carrier denies payment, I am completely responsible for payment in full. I understand that I can appeal this decision for nonpayment by my insurance carrier.

NO I have decided not to receive these services.

OTHER Should I decide to request these services in the future, I understand I will be charged and am responsible for payment in full.

We value your confidence in Texas Center for Joint Replacement. Our goal is to continue to provide the best medical care possible. We truly regret the necessity for the institution of this policy beginning on 04-15-04.

Date: _____ SIGNATURE: _____

Medicare Number: _____ Insurance Name: _____