



## WESTERN ORTHOPAEDICS

*Excellence in Motion*

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**James C. Holmes, M.D.**

Orthopaedic Specialist  
Sports Medicine  
Disorders of the Knee

**Timothy J. Birney, M.D.**

Orthopaedic Specialist  
Disorders of the Spine

**Edward (Ted) H. Parks, M.D.**

Orthopaedic Specialist  
Sports Medicine  
Joint Replacement/Reconstruction  
Arthroscopy

**Armodios M. Hatzidakis, M.D.**

Orthopaedic Specialist  
Shoulder and Elbow

**Raj Bazaz, M.D.**

Orthopaedic Specialist  
Shoulder and Knee  
Sports Medicine

**Kevin K. Nagamani, M.D.**

Orthopaedic Specialist  
Foot and Ankle Surgery

**Brian J. White, M.D.**

Orthopaedic Specialist  
in Disorders of the Hip

**Steven M. Traina, M.D.**

Orthopaedic Specialist  
in Disorders of the Knee  
Shoulder and Sports Medicine

**Thomas G. Mordick, II, M.D.**

Hand Surgery

**Benjamin W. Sears, M.D.**

Orthopaedic Specialist  
Disorders of the Shoulder  
and Elbow

**Sean Baran, M.D.**

Orthopaedic Specialist  
Disorders of the Hip and Knee  
Sports Medicine  
Joint Replacement

**www.Western-Ortho.com**

### GANZ OSTEOTOMY FINANCIAL CONTRACT

The procedure you are about to undergo is a Ganz osteotomy. Currently, this type of surgery has not been coded by the American Medical Association. As a result, when we bill your insurance company, we may use an "unlisted procedure code" 27299 or S2115 to describe the surgery which has not yet been given a code.

Since we are forced to use an unlisted procedure code to describe the work that will be put into your hip, insurance companies frequently pay only a small portion of our bill or on occasion pay nothing at all. This is a comprehensive in-patient procedure done with Dr. Russell Presley Swann.

Our fee for Dr. White's portion of this service is \$3,000.

Our office will work diligently to get your insurance to pay at least \$1,000 for this service. However, if they do not pay, we will expect you to be responsible for Dr. White's services. In the case your insurance does not pay for your surgery, we are willing to offer you the following reduced fee:

\$1,000 for Dr. White's professional services

Due to our current situation with insurance reimbursements we expect a deposit prior to your surgery date. If your insurance pays the claim and you do not have any financial obligation due to your insurance policy, we will refund you. However, if they retract that decision and recoup our funds we will be forced to balance bill you. We will therefore collect **\$500.00** as your deposit towards your surgery and expect the remaining balance to be paid within 6 months of your surgery date.

If you have any questions regarding this, please ask prior to your procedure.

Please indicate below that you understand the above and you allow Western Orthopaedics to hold you responsible for payment of the Expected Payment amount.

I, the undersigned (or as legal guardian of the patient), understand the above and allow Western Orthopaedics to hold me responsible for the expected amount as above.

\_\_\_\_\_

Print Patient Name

\_\_\_\_\_  
Surgery Date

\_\_\_\_\_  
Patient or Patient Guardian Signature

\_\_\_\_\_  
Date