



Excellence in Motion

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Joint Replacement/Reconstruction
Arthroscopy

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in Disorders of the Hip

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Shoulder and Sports Medicine

Thomas G. Mordick, II, M.D.
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Benjamin W. Sears, M.D.
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Disorders of the Shoulder
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Sean Baran, M.D.
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Disorders of the Hip and Knee
Sports Medicine
Joint Replacement

www.Western-Ortho.com

Revision Hip Arthroscopy Financial Contract

The procedure you are about to undergo is a **revision** Arthroscopy of the Hip with management of Femoracetabular Impingement and Labral Reconstruction. Currently, all aspects of this type of surgery have not been fully coded by the American Medical Association. As a result, when we bill your insurance company, we may use an "unlisted procedure code" 29999 to describe portions of the surgery which have not yet been given a code.

Since we are forced to use an unlisted procedure code to describe all of 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 procedure designed to reshape your hip joint and requires advanced training and 3-4 hours of surgery.

Our fees for these services are as follows:

29999 (Labral Reconstruction Revision) \$10,000 - \$25,000 depending on the complexity of the surgery.

29915 (Acetabuloplasty) \$6000.00

29914 (Femoroplasty) \$5000.00

29861 (Removal of loose body or foreign body) \$2054.00

Our office will work diligently to get your insurance to pay at least \$7,000 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:

\$7,000 for Dr. White's professional services

Due to our current situation with insurance reimbursements with Aetna, Anthem BCBS, Cigna, Humana, PHCS and Rocky Mountain Health Plans **or** if your insurance carrier denies authorization for procedure code 29999, 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 **\$3,000.00** 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.

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

Patient Signature or Patient Representative

Date