

# WESTERN ORTHOPAEDICS

*Excellence in Motion*

1830 Franklin Street, Suite 450  
Denver, CO 80218  
Phone: 303-321-1333  
Toll-Free: 888-900-1333  
Fax: 303-321-0620

**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

**E. Patrick Curry, M.D.**  
Orthopaedic Specialist  
Disorders of the Spine

[www.Western-Ortho.com](http://www.Western-Ortho.com)

## SHOULDER ARTHROSCOPY FINANCIAL CONTRACT

The procedure you are about to undergo is called an Arthroscopic reduction internal fixation of glenoid/scapular fracture. 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 must use an "unlisted procedure code" 29999 to describe this procedure which has 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 shoulder, insurance companies frequently pay only a small portion of our bill or on occasion pay nothing at all.

Our fee for this service is as follows:  
\$6,000.00 for 29999

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

\$1,500 for Dr. Hatzidakis' professional services on code 29999

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. 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