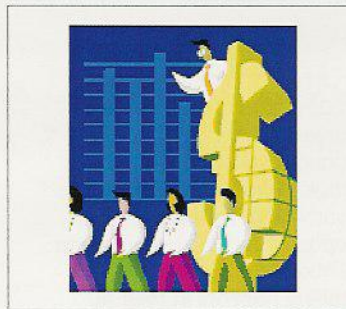


WHAT WILL MEDICARE COST YOUR PATIENTS IN 2006?

The Medicare Part B monthly premium will be \$88.50 in 2006, an increase of \$10.30 from the current \$78.20 premium. The 2006 premium is roughly the same as the CMS actuaries have been projecting since early this year.

Though premiums are rising, most Medicare beneficiaries will see significantly lower out-of-pocket health care costs in 2006 because of

the savings in drug costs from the new Medicare prescription drug benefit. Also, about one-fourth of beneficiaries can receive assistance that



pays for their entire Part B premium, and about one-third of beneficiaries can receive assistance for their Part D premium.

The accelerated growth in the use of PART B services (MD office visits, labs, outpatient services, minor procedures and MD administered drugs) accounts for the increase in premiums.

LIVE QUESTIONS FROM OUR CLIENTS....

“CAN WE PASS THROUGH A BLOOD DRAW CHARGE TO MEDICARE BUT NOT a PRIVATE INSURER?”

A multi-specialty practice uses a laboratory’s services on site for sample blood draws. The patient is “charged” \$ 5 per patient per draw. For those patients with private insurance, the cost is actually absorbed by the practice—as it is never reimbursed. Government payors and managed care payors are charged the \$ 5 pass through fee.

**THIS PRACTICE ASKS.....
SHOULD WE BE DOING THIS?**

According to LEBOW & MALLECKI LLC, a Chicago-based law firm, the practice of charging MEDICARE/MEDICAID for the blood draw and NOT the private payors is prohibited. This practice

should either bill the private insurance patients for the charge, or absorb the charge as an internal expense for the Medicare and managed care patients. This practice should ALSO have a written contract documenting its relationship with the laboratory with a minimum term of one year.

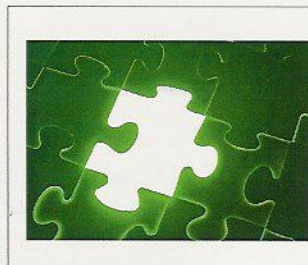
WHERE ARE YOUR CONTRACTS?

If you cannot put your hands on your contracts with your third party payors— how can you be sure that you are receiving the proper reimbursements?

Having current, complete copies of each of your 3rd party payor fee schedules and complete terms is essential to insuring that you are maximizing your practice’s true revenue potential. Updated data is KEY to staying current.

When is the last time your

office reviewed the content of these contracts or performed a mini-audit of your reimbursements to insure that this is a contract that you still desire to keep



Finding SOLUTIONS for your BILLING AND CODING NEEDS

in place? At a minimum, these contracts should be reviewed annually in context with your entire practice payor mix.

FOR QUESTIONS regarding FULL CONTRACT review/ assessment, please contact us.