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June 1, 2012

RE: Important Change in Our Office Policy with Blue Shield Medical Insurance

Dear Patient:

Thank you for allowing us the honor of serving as your doctors. We value the special relationship we have with you and are grateful that you have entrusted us to be your cardiologists.

In order to ensure that we continue providing the highest quality personalized care for you, over the last decade we have changed the way our office works with our patients and their medical insurance companies. At this time, we no longer participate with any PPO's save for Blue Shield. Our patients value and appreciate that we have a direct relationship with each individual patient with a primary goal of providing the best care possible without an insurance company dictating what medical treatment is considered medically necessary.

Due to increasing constraints imposed by insurance companies we can no longer participate as contracted providers with any Preferred Provider Organizations (PPOs). We will be participating providers for Medicare only. And specifically, beginning **September 1, 2012**, our office will be **out-of-network with Blue Shield** as well as all private insurance plans.

Because of Blue Shield policy, payment will always be due at the time of service. Most Blue Shield plans have out-of-network benefits that we can work with to minimize your out-of-pocket costs. For more expensive testing, arrangements for a partial initial deposit and payment plans can be made. For patients who are Enhanced Access Membership Program (EAMP) participants (or are considering joining), out-of-pocket costs incurred with our office, once we are out-of-network, can be applied toward EAMP fees.\*

As a courtesy, we will continue to process the paperwork for you and submit the appropriate claims to Blue Shield on your behalf. You may be partially or fully reimbursed depending on the specific terms of your plan. Please contact our billing staff with any specific financial questions or concerns. We will gladly discuss financial arrangements with you that may ease any burden of this transition.

<u>IMPORTANT</u> information for **Medicare** patients with Blue Shield Medicare *supplemental* plans: you likely will be minimally affected (if at all) and Medicare will be billed initially as before.

These changes are necessary for us to continue to provide the highest quality personalized care. Our only "contract" to provide the best possible medical care for you should solely be with...*you, the patient.* Not with any third parties such as your PPO as that poses an inherent conflict-of-interest to our cherished doctor-patient relationship.

We look forward to continuing our relationship in good health for a long time to come and regret any inconvenience this may cause.

Respectfully yours,

Caren

Jeffrey F. Caren, M.D.

Mark K. Urman, M.D.

\* After the first \$500 of any deductible or co-payments for the prior 12 months. Maximum credit allowed is \$2500 and is not transferable. Please check with our billing office to confirm what credit amount from 2012 that you might have available to be used toward a 2013 membership fee.

## **Enhanced Access Membership Program**

- Personalized concierge services not covered by private insurance or Medicare
- Three annual membership options to choose from (Select, Premier and Concierge Plans)
- Increasing levels of priority and enhanced access for routine appointments and testing.
- Increased phone and email access to our staff and doctors on routine matters
- Priority completion of administrative paper-work with fees waived
- Validated parking and convenient VIP parking for office visits.

Please let us know if you would like more information about our Enhanced Access Membership Program or wish to speak with us regarding any of our three plans.