

Fracture Care Billing Fact Sheet

If we treat your dependent for a fracture, your insurance company requires that we bill our services to you using a coding system known as CPT (Current Procedural Terminology). The codes used to describe the services we completed for your dependent are found in the "surgery" section of the CPT codebook. The term "surgery" does not necessarily imply that you had an operation. Your insurance carrier may list today's services as such whether the fracture treatment meant your dependent was taken to the operating room, had a cast or splint put on in the office, or was just told to rest the area. This is merely the way the CPT codebook is organized for use by both insurance companies and physicians.

According to the CPT guidelines, fracture care is billed as a "packaged" service. This means that at the time of initial care, a bill is generated that includes:

1. Treatment of the fracture
2. The first cast or splint application
3. 90 days of normal, uncomplicated, follow up care

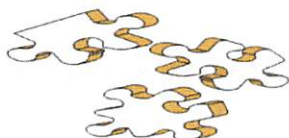
The procedures and other items NOT INCLUDED in the package are:

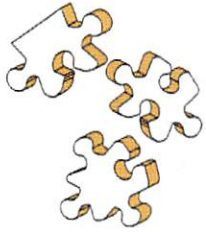
1. X-rays
2. All casting supplies (including those used with the first cast application)
3. Any durable medical equipment (slings, bracing, boots, etc.)
4. Any replacement cast or splint application
5. Office or hospital visits for problems not related to the initial fracture
6. The treatment of complications where they are taken to the operating room

There will be a separate charge for these services.

Your insurance company may cover the care rendered for fractures differently than for office visits. Therefore, when you receive the explanation of insurance benefits, the services may be paid as a surgical procedure with deductible and co-insurance guidelines applied. We are using the most appropriate code available to describe the care rendered. We are required legally to use this code to bill for this service. As always, we encourage you to check with your insurance company and verify the benefits available.

If you have any questions regarding the fracture care fees, please do not hesitate to call our billing office at (480) 289-5224.





Cactus Pediatric Orthopaedics, PLLC

dba Kids' Fracture Care

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NOTICE OF PRIVACY PRACTICES

To Our Patients: This notice describes how health information about you (as a patient of this practice) may be used and disclosed, and how you can get access to your health information. This is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPPA).

Our Commitment to Your Privacy: Our practice is dedicated to maintaining the privacy of your health information. We are required by law to maintain the confidentiality of your health information.

We realize that these laws are complicated, but we must provide you with the following important information.

Use and Disclosure of Your Health Information in Certain Special Circumstances

The following circumstances may require us to use or disclose your health information:

1. To public health authorities and health oversight agencies that are authorized by law to collect information.
2. Lawsuits and similar proceedings in response to a court or administrative order.
3. If required to do so by a law enforcement official.
4. When necessary to reduce or prevent a serious threat to your health and safety, the health and safety of another individual or the public. We will only make disclosures to a person or organization able to prevent the threat.
5. If you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
6. To federal officials for intelligence and national security activities authorized by law.
7. To correctional institutions or law enforcement officials if you are an inmate or under the custody of law enforcement officials.
8. For Workers Compensation and similar programs.
9. We participate in an organized health care arrangement consisting of greater Phoenix metropolitan area hospitals as well as physicians who have medical staff privileges at one or more of these hospitals. Participants in this arrangement work together to improve the quality and efficiency of the delivery of healthcare to their patients. As a participant in this arrangement, we may share your PHI with other members of this arrangement for purposes of treatment, payment or the health care operations of this organized health care arrangement.

Your Rights Regarding Your Health Information

1. Communications. You can request that our practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. We will accommodate reasonable requests.
2. You can request a restriction in our use or disclosure of your health information to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you.
3. You have the right to inspect and obtain a copy of health information that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Cactus Pediatric Orthopaedics, PLLC.
4. You may ask us to amend your health information if you believe it is incorrect or incomplete, and as long as the information is kept by or for our practice. To request an amendment, your request must be made in writing and submitted to Cactus Pediatric Orthopaedics, PLLC. You must provide us with a reason that supports your request.
5. Right to copy of this notice. You are entitled to receive a copy of this Notice of Privacy Practices. You may ask us to give you a copy of this notice at any time. To obtain a copy of this notice, contact our front desk receptionist.
6. Right to file a complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice administrator at 480-551-0300. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
7. Right to provide an authorization for other uses and disclosures that are not identified by this notice or permitted by applicable law.

If you have any questions regarding this notice or our health information privacy policies, please contact our HIPPA officer, or our administrator at 480-551-0300.