



Cardiovascular Medical Group

of Southern California

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Affiliated Physician
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Administration
Karen Anthony Little, CEO
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Re Administrative fee of \$500

Dear Patient,

Cardiovascular Medical Group of Southern California (“CVMG”) continues to be recognized for providing “state of the art” medical care in a warm, personalized environment where all services are offered in one location.

Recent changes in insurance are designed to drive patients into large and often impersonal health care entities where choices are limited and where health care is often provided by employed non-physician health care extenders. CVMG is committed to the highest level of private and personal care, but we need your help to overcome the economic challenges brought on by current and future changes.

Many physicians have elected to leave private practice, or to stop accepting insurance, or have elected not to bill insurance or they have moved to a cash model. In 2020 Medicare will be reducing payment for office visits and other services and private insurances are following suit. After much consideration, CVMG has decided to continue being providers for Medicare and other private insurances. We are one of the few practices who continue to be providers for insurance companies.

However, we write to you to request that you help pay for services not covered by insurance. This NON-MANDATORY fee of \$500 for 2020 covers the following: _

- Waiver of office policy fees, including jury release, handicap placards and other DMV forms, disability and life insurance forms and back to work form, and unable to travel letters etc.
- Petitioning for non-formulary drugs and other medications authorizations required by your insurance company as well as obtaining insurance approval so that your medications are paid for, including helping you contest insurance denials. The time taken by our staff to provide this service saves you hundreds of dollars a year in prescription costs
- Working with your insurance company to make sure your charges are paid appropriately, including appeals, physician involvement in reviews and providing all records required by your insurance company.
- Enhanced coordination of care to assist our patient with specialized referrals and with obtaining insurance coverage for ancillary services not performed in our offices.
- Waiver of missed appointment or late cancellation appointment fees.
- Priority appointment times such as prior to 8:00 AM, lunch time appointment or after 4:00 PM when possible

- Priority scheduling of diagnostic test, including noninvasive- imaging and office laboratory testing.
- Staff assistance and appointment scheduling for outside testing ordered by our physicians (for example MRI, referral to specialist, etc.)
- Phone reminder of upcoming appointments and access to your chart, and prescription requests on line.
- Notification of non-urgent laboratory and test results without the need to make an appointment when appropriate.

Unfortunately, if the administration fee is not paid, we may not be able to provide any of the above services without accessing an additional fee. In the case of non -formulary drug authorization or assisting in appeals to your insurance company, these will no longer be provided at all.

You may wish to discuss additional and more extensive personalized concierge services and direct physician access offered by some of the CVMG physicians for additional charges to better meet your individual health care needs 24 hours a day.

We request that you please complete the enclosed form and return to our office with the payment for your annual fee in the enclosed envelope before November 30, 2019.

Thank you for your continued support and for choosing CVMG for your medical care. We look forward to maintaining the highest and most affordable physician/patient relationship as the health care system continues to evolve over the years. We value you as a patient.

Very truly yours,

The Physicians and staff of Cardiovascular Medical Group of Southern California.



Cardiovascular Medical Group
of Southern California

- Enclosed is a check made out to Cardiovascular Medical Group of Southern California
- Please charge my American Express MasterCard Visa

Card Number _____

Expiration Date _____ Card Security Code _____

Name on Card _____

Cardholder's Signature _____

Patient's Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number _____ E-mail Address _____