

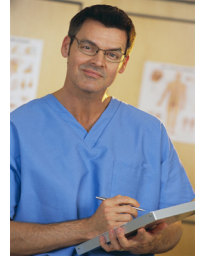
*We recovered more than \$125,000.00 in
"LOST" revenue!*

*Skip Jacques, M.D. FACS
President & Medical Director
The Neurosciences Institute*

*"No other billing service can match your level of competence,
and dedication to collecting on appeals and difficult accounts.*

If you ever need a referral, I will be your biggest advocate!"

*Michael Gillman, M.D.
Advanced Orthopaedic Specialists of OC*



PAID
\$125,000.00

Coding & Payment Review(CPR)

We are excited to invite you to participate in an appeals program specifically designed for Orthopaedic Surgeons. This program is administered by our expert Appeals Department staffed by our in-house Certified Professional Coders. We audit your surgical claims that have already been paid to find under-coded and under-paid claims. A recently completed audit recovered \$125,000 (and climbing) for a Los Angeles surgeon. This \$125,000 is "lost" income that would have remained un-realized by his practice.

We would like to complete a **Coding & Payment Review (CPR)** of your paid claims. We will review solely what has been adjusted off as "paid in full". If we determine that you have been underpaid, for any reason, we will appeal the claim on your behalf. The claim will then be re-evaluated by the carrier to determine if in fact you should have been paid more. If the carrier agrees with us, they will re-process the appeal resulting in addition payments for you.

If we find nothing to appeal, we will give your practice a clean bill of health and you'll pay us nothing. At the outset, you will know that your billing and coding is being done accurately. This is a great way to make sure your practice is billing to maximize your income!

Our Ortho specific Certified Professional Coders and professional billing staff will likely go through hundreds of claims to generate maybe as few as 10 successful appeals. We are paid on only the successful appeals and you don't pay us a thing until we generate additional revenue for your practice. When we successfully appeal your old claims and capture lost revenue for you, we will invoice you a percentage of each paid appeal. It really is that simple!

CPR is 100% HIPAA compliant. There are no long term commitments. There are no up-front costs or hidden fees. We take your paid claims that have already adjusted off as "paid in full", review them, appeal them, and get your practice compensated.

3 easy steps to get CPR started:

- 1. Complete our simple agreement (attached) and fax it back to us at 714-385-1723.**
- 2. We will fax you a business associate agreement for HIPAA compliance.**
- 3. We will contact you or your appointed staff to get the documents we require to start CPR on your practice.**

We will try to get your CPR started within 30 days, although CPR is scheduled on a first come first served basis. This is a no lose proposition for your practice, please fax back your signed agreement today so that we can make sure we have room on our schedule for you.

Call us at 1-800-865-2490

Get CPR now and find out if your claims are being under-paid!

Ortho Revenue Solutions

Attn: Coding & Payment Review Div.
333 S. Anita #725
Orange, CA 92868
Email: CPRinfo@newportmed.com

ORTHO REVENUE SOLUTIONS

FAX TO: 714-221-0844
(Private executive fax #)

When would you like to have CPR started on your practice?

- JANUARY, 2010
- FEBRUARY, 2010
- MARCH, 2010
- APRIL, 2010
- MAY, 2010
- ASAP

From:

Coding & Payment Review Agreement

(We only schedule 2 CPR's per month, on a first come first served basis. Please check two boxes in the event your first choice month is already booked. CPR is for Orthopaedic Surgeons only!)

Ortho Revenue Solutions(ORS) would like your approval to implement and perform CPR on your practice's surgical cases for the last ten(10) months.

1. The CPR Program includes the following:

- Complete review of payments that have been received, accepted and adjusted off.
- Comprehensive dissection of operative reports and other supporting documentation.
- Complete review of coding performed for each surgery.
- Confirming the coding was performed to the highest specificity for the services documented.
- Case by case analysis for the accuracy of reimbursements for each line item coded.
- Case specific appeal letters to obtain additional reimbursement.
- Timeliness of the payments received.
- Client specific A/R managers to follow-up with the insurance carriers on any work that we perform.

2. We guarantee our CPR program will result in additional revenues for you or the service is free. Your practice will immediately benefit from our CPR program! The outcome of our proprietary service is to verify that you are dictating for maximum reimbursement, that your practice is coding accurately and that you are receiving every penny that you are entitled to from the insurance companies. This is all done for you with no future obligation!

3. Practice is responsible for preparing the following information for each surgical case:

- 1) Hospital Face Sheet
- 2) Consult &/or Op Report
- 3) Copy of the Original Claim
- 4) Copy of the EOB

4. ORS agrees to perform the Coding & Payment Review(CPR) for 50% of any monies you receive as a result of our CPR . The CPR that ORS performs is done on a contingent basis, so that ORS only gets paid if you do. This service is performed on procedures that your practice has written off and will most likely never look at again. The fee is payable to ORS within ten (10) business days of receipt of our Invoice.

5. Either party may terminate this Agreement at any time with or without cause by giving a thirty day(30) written notice via certified mail. Any such termination of this Agreement by ORS shall not affect CLIENT obligation to pay amounts due ORS under this Agreement, and any such payments paid to ORS subsequent to such termination shall not affect the effectiveness of the termination; ORS will continue to provide services for a period of one-hundred twenty(120) days after the effective date of termination to ensure that all outstanding appeals have either been paid or denied by the insurance carriers. CLIENT must cooperate and report all payments received during this one-hundred twenty(120) period.

6. ORS shall maintain the confidentiality of client data. Upon receipt by ORS of an executed release form, all or a portion of client data may be released to client or its designated agent. ORS shall not allow access to data without a properly executed release.

7. ORS will at all times, have in force a valid Errors and Omissions Insurance Policy covering all Certified Employees to safeguard client from any Fraud and Abuse laws that both parties are subject to. CLIENT may elect to be directly named as an insured on this policy, subject to CLIENT's payment of any additional premiums that may apply.

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the date signed.

Ortho Revenue Solutions(ORS)
333 Anita Drive, Suite 725
Orange, CA 92868

Practice Address _____

Signature |Date |Title

Contact _____ Phone _____

Physician Signature _____ Date _____