

GARY BREWTON, M.D.

Important News About My Practice That Will Affect You

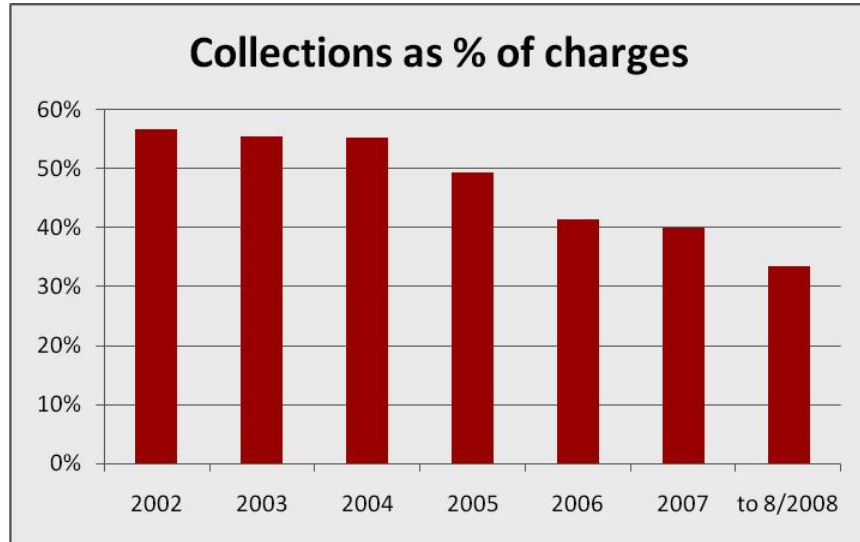
October 10, 2008

Dear patients, friends, and colleagues,

I write to you today to let you know that after November 30, 2008, I will no longer be a contracted provider with any insurance plan, including yours. I arrived at this decision after careful thought and deliberation. The reason is that I can no longer earn a living on what insurance companies pay.

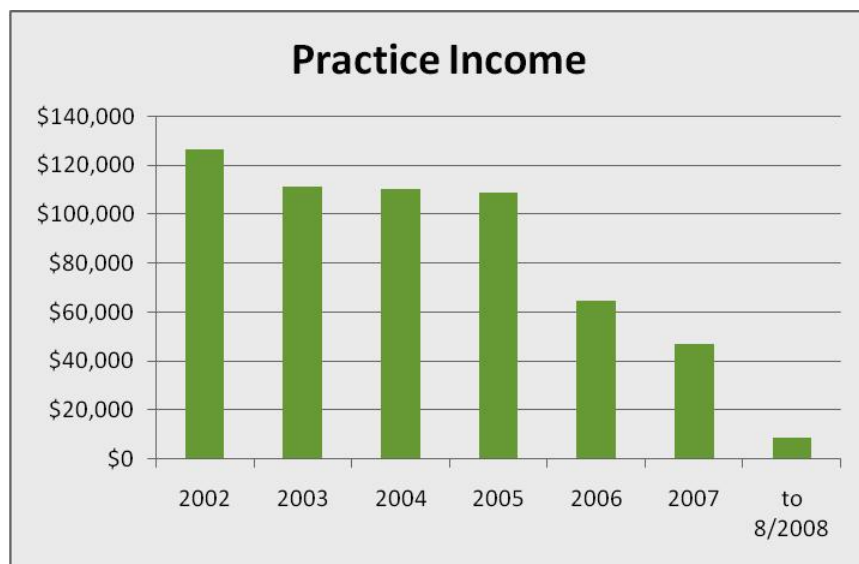
I have resisted this decision, hoping to find some way to work with insurance companies to make ends meet. I thought if I cut expenses, worked harder, saw more patients, and invested in the best technology, I could make it work, but it hasn't.

For the last 10 years, especially since 2006, your insurance company has paid less and less for the services I provide to you. Insurance companies that used to reimburse 70-90% of charges ten years ago now pay around 35%. If you look at your insurance company's Explanation of Benefits (EOB) which explains what they decide to pay me, you can see this yourself.



It doesn't help to raise my fees, because what your insurance company allows is fixed. My fee schedule is basically the same now as when I opened my solo practice in 1998. And you know that your insurance company squeezes you, too, as you have watched your copays, coinsurance, and deductibles increase.

Yet the cost of operating my office has steadily increased. The result is that the income I take home has steadily dropped. In 2006, I made \$64,898 from my practice; in 2007, it was \$47,271. Through the end of August, practice income in 2008 was only \$9,035. Clearly, this is not a fair income for the work I do. Please note that I have to pay all my practice-related expenses--salaries, rent, computers, utilities, liability and malpractice insurance, telephone service, vaccines, lab tests, supplies, licenses, postage, printing, and all the rest--before I take a penny out for myself. Please also note that the drop in practice income got much worse in 2006, long before I entered seminary and long before any of my long-term staff retired or moved on.



Most everyone agrees that health care has big problems, but we can't seem to agree how to fix them. Some--insurance companies/HMO's, drug companies, for-profit hospital chains, and doctors who do procedures--are making a lot of money, while many people have no health care at all, and those who have coverage worry if they'll be able to continue to afford it, or if the insurance company will pay for what they need if they get sick.

How will it affect you when I go off your insurance?

- You can use out-of network benefits to see me in the office. We will give you a detailed statement with insurance codes so your insurance company will reimburse you directly. You pay for the services you receive at the time of service. The services I provide include office visits, vaccinations, EKG's, and lab tests.
- You can still use your insurance for in-network benefits for the most expensive health care elements: prescriptions, x-rays, hospital care, and specialists. Please note that some very restrictive insurance plans will not cover any order given by an out-of-network MD. If your insurance requires a referral to see a specialist, I will NOT be able to provide it as an out-of-network MD. If you do lab tests outside my office, I will charge a small fee for each test to cover the cost of reviewing them.
- If you have Medicare, you will sign a contract in which you promise not to bill Medicare for any of the services we directly provide in the office (such as any office visit, vaccination, EKG, urinalysis, or fecal occult blood test). That means your secondary insurance, if any, will not pay since they require you to bill Medicare first, and that is not allowed. You can still use Medicare to pay for outside lab tests, prescriptions, x-rays, hospital care, and specialists. In contrast to all the other insurances, my last day to participate in Medicare is December 31, 2008.

I hope you will decide to stay with me. This is a not a rejection of you. As a gesture of good will, I am freezing my office visit fees for the next six months at the same level they have been at since 1998--and I am reducing the list price of preventive care and lab tests up to 80% to come close to what your insurance company allows for these tests. Here is my fee schedule, effective December 1, 2008:

OFFICE VISITS		LABS	
New Patient - Level 1	\$84.00	Complete Blood Count w/Diff	\$10.00
New Patient - Level 2	\$94.00	Comprehensive Metabolic Profile	\$15.00
New Patient - Level 3	\$135.00	Lipid Profile	\$15.00
New Patient - Level 4	\$171.00	T-Cell Panel	\$60.00
New Patient - Level 5	\$230.00	HIV RNA Viral Load Ultrasensitive	\$85.00
Established Patient - Level 1	\$20.00	HIV ½ EIA Antibody Screening	\$25.00
Established Patient - Level 2	\$60.00	Hemoglobin A1C	\$15.00
Established Patient - Level 3	\$81.00	Hepatitis Panel	\$50.00
Established Patient - Level 4	\$108.00	Prostate Specific Antigen	\$15.00
Established Patient - Level 5	\$173.00	RPR (Syphilis Test)	\$10.00
PREVENTIVE CARE		Thyroid Stimulating Hormone	\$10.00

New Patient 18-39 Years.	\$75.00	Uric Acid	\$5.00
New Patient 40-64 Years.	\$75.00	Urinalysis by dipstick	\$10.00
New Patient 65 Years and over	\$75.00	EKG	\$25.00
Est. Patient 18-39 Years.	\$75.00		
Est. Patient 40-64 Years.	\$75.00		
Est. Patient 65 Years and over	\$75.00		

Here are some examples of how it would work:

- You are a healthy man in your mid-30's. You take generic Allegra for allergies. You come once a year for a complete physical with appropriate labs including a check for sexually transmitted diseases. Labs include CBC, CMP, Lipid panel, HIV antibody, and syphilis testing. You pay us \$343 and we give you a receipt that you mail to your insurance company. We give you a refillable prescription for Allegra that you buy at the pharmacy for your regular copay.
- You have a persistent sinus infection and you call us. Tania tells you to come in the same day. Dr. Brewton sees you and orders sinus x-rays. You pay us \$81 and the x-ray clinic bills your insurance for the x-rays.
- You are a 55-year-old man with longstanding HIV infection. Once a year Dr. Brewton sees you for your annual physical. Labs include CBC, CMP, Lipid panel, T cell panel, HIV RNA viral load, PSA, RPR, and urinalysis. You pay us \$488 and we give you a receipt that you mail to your insurance company. You also come in three more times during the year for your quarterly HIV check up including labs. You pay us \$313 for each of these visits, and we give you a receipt to file with your insurance. We give you prescriptions for your HIV medications that you fill through your mail order pharmacy for your regular copay
- You are a 55 year old woman with high blood pressure and high cholesterol, both of which are very well controlled. Once a year Dr. Brewton sees you for your annual physical exam. Labs include CBC, CMP, Lipid panel, Urinalysis, HIV antibody, and syphilis testing. You pay us \$353 and we give you a receipt to file with your insurance company. You have one other visit a year for your six-month checkup including labs. You pay us \$143 and we give you a receipt to file with your insurance. You get you mammograms and bone density test done at the x-ray clinic that bills your insurance for the x-rays. You see a cardiologist on your PPO plan for a treadmill test, and as long as s/he is in network, all you pay is your copay.

If you absolutely cannot stay with me, you can get a digital copy of your chart on CD for \$25. If you want a printed copy, the charge is \$25 for the first 20 pages and \$0.50 per page for each additional page. These fees are specified by the Texas Medical Board. Please print, fill out, and sign the form on my web site if you want me to release your records to another doctor. Also, if you cannot stay with me, you will need to contact your insurance company for a referral to another physician.

I am sure you have many questions. We will answer the ones we can. You will need to find out from your insurance company what your out-of-network benefits are. Since the change is almost two months off, you have plenty of time to figure things out. Everything stays the exactly the same until December 1, 2008 (or in the case of Medicare patients January 1, 2009).

I realize these are uncertain times for many. You may think I couldn't have picked a worse time to make this move. But my only other choice was to close my practice completely, and I don't want to do that. Although I am sorely frustrated by insurance companies, I still love practicing medicine. I am a physician and God has given me a gift to help people. I value my relationship with each of you too much to run away. I hope to continue caring for you.

Wishing you wholeness,

Gary Brewton MD

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