

February 10, 2011

Wally Wall
1234 Main Street
Franklin, WI 53132



RE: Patient Care Cost and Quality Estimate
Reference Number 1-14194061



Dear Mr. Wall:

Thank you for participating in Patient Care's Cost & Quality program.

What you called us about...

You first contacted Patient Care on 9/14/2010 to ask about costs involving an upcoming Colonoscopy. According to the information you provided and the research we performed on your behalf, the following information was obtained and is documented in our records.

| | |
|--|-----------------------|
| Procedure: | Colonoscopy |
| CPT code: | 45378 |
| Physician ordering the procedure: | Not Applicable |
| Date the procedure scheduled: | Not Scheduled |
| Setting: | Outpatient |
| Authorization Required: | No |

The results of our research...

Option 1:

| Medical Provider | Carballo, Fernando A MD | Aurora St Lukes Medical Center | Total |
|---|--|---|-------------------|
| Provider Address | 2901 W KK Pkwy Ste 414 Milwaukee, WI 53215 P:(414)649-3750 | 2900 W Oklahoma Ave Milwaukee, WI 53215 P:(414)649-6000 | |
| Total Price | \$2,780.00 | \$3,989.00 | \$6,769.00 |
| Estimated Discount Rate | 30% | 30% | |
| Estimated Discount | \$834.00 | \$1,196.70 | \$2,030.70 |
| Discounted Balance | \$1,946.00 | \$2,792.30 | \$4,738.30 |
| Deductible to Meet | \$0.00 | \$0.00 | \$0.00 |
| Member Coinsurance | 5% | 5% | |
| Coinsurance Payment | \$97.30 | \$139.62 | \$236.92 |
| Estimated Member Responsibility | \$97.30 | \$139.62 | \$236.92 |
| Employer Responsibility | \$1,848.70 | \$2,652.69 | \$4,501.39 |
| Number of times Physician has performed procedure | 5 Weekly | N/A | |
| Electronic Medical Records | No | N/A | |
| Electronic Prescription Ordering | No | N/A | |
| Years Physician has been in practice | 23 | N/A | |
| Physician accepting new patients | Yes | N/A | |
| Prevent Medication Errors | N/A | Declined to Respond | |
| Appropriate ICU Staffing | N/A | Declined to Respond | |
| Hospital takes steps to avoid harm | N/A | Declined to Respond | |
| Managing serious errors | N/A | Declined to Respond | |

Option 2:

| Medical Provider | Dreyer, Mark MD | GI Specialists LLC. | Total |
|---|--|---|-------------------|
| Provider Address | 1111 Delafield St Ste 216 Waukesha, WI 53188 P:(262)544-8622 | 1111 Delafield St. # 322 Waukesha, WI 53188 P:(262)544-8622 | |
| Total Price | \$1,863.00 | \$1,300.00 | \$3,163.00 |
| Estimated Discount Rate | 30% | 30% | |
| Estimated Discount | \$558.90 | \$390.00 | \$948.90 |
| Discounted Balance | \$1,304.10 | \$910.00 | \$2,214.10 |
| Deductible to Meet | \$0.00 | \$0.00 | \$0.00 |
| Member Coinsurance | 5% | 5% | |
| Coinsurance Payment | \$65.21 | \$45.50 | \$110.71 |
| Estimated Member Responsibility | \$65.21 | \$45.50 | \$110.71 |
| Employer Responsibility | \$1,238.90 | \$864.50 | \$2,103.40 |
| Number of times Physician has performed procedure | 700 + Yearly | N/A | |
| Electronic Medical Records | No | N/A | |
| Electronic Prescription Ordering | No | N/A | |
| Years Physician has been in practice | 10+ | N/A | |
| Physician accepting new patients | Yes | N/A | |
| Prevent Medication Errors | N/A | N/A | |
| Appropriate ICU Staffing | N/A | N/A | |
| Hospital takes steps to avoid harm | N/A | N/A | |
| Managing serious errors | N/A | N/A | |

Option 3:

| Medical Provider | Dreyer, Mark MD | Waukesha Memorial Hospital | Total |
|---|--|---|-------------------|
| Provider Address | 1111 Delafield St Ste 216 Waukesha, WI 53188 P:(262)544-8622 | 725 American Ave Waukesha, WI 53188 P:(262)928-1000 | |
| Total Price | \$1,863.00 | \$4,576.06 | \$6,439.06 |
| Estimated Discount Rate | 30% | 30% | |
| Estimated Discount | \$558.90 | \$1,372.82 | \$1,931.72 |
| Discounted Balance | \$1,304.10 | \$3,203.24 | \$4,507.34 |
| Deductible to Meet | \$0.00 | \$0.00 | \$0.00 |
| Member Coinsurance | 5% | 5% | |
| Coinsurance Payment | \$65.21 | \$160.16 | \$225.37 |
| Estimated Member Responsibility | \$65.21 | \$160.16 | \$225.37 |
| Employer Responsibility | \$1,238.90 | \$3,043.08 | \$4,281.97 |
| Number of times Physician has performed procedure | 700 + Yearly | N/A | |
| Electronic Medical Records | No | N/A | |
| Electronic Prescription Ordering | No | N/A | |
| Years Physician has been in practice | 10+ | N/A | |
| Physician accepting new patients | Yes | N/A | |
| Prevent Medication Errors | N/A | Declined to Respond | |
| Appropriate ICU Staffing | N/A | Declined to Respond | |
| Hospital takes steps to avoid harm | N/A | Declined to Respond | |
| Managing serious errors | N/A | Declined to Respond | |

The discount information shown in each example is based on the average discount for the providers I've contacted.

Your plan deductible of \$4,000.00 for the year has been met as of the date of this letter. As of the date of this letter you have met \$4,000.00 of your deductible. If your deductible has not been met, the charges for your procedure will be your responsibility until the deductible is satisfied. Additionally, your coinsurance is 95%. This means that you are responsible for 5% of the total cost of your health care after the deductible of \$4,000.00 has been satisfied and until you reach your plan out of pocket maximum of \$8,000.00. Your plan out of pocket maximum does include your plan deductible. As of the date of this letter, \$5,013.76 has been applied toward your plan out of pocket maximum.

Notes: All physician quality information was obtained directly from the physician's office. All hospital quality information was obtained from Leapfrog Group. Leapfrog is a group that is focused on the public reporting by hospitals of key quality measures as outlined in this letter. Their website is www.leapfroggroup.org.

Additional Notes:

The colonoscopy is covered at 100% up to a \$1500.00 wellness maximum then subject to deductible and coinsurance in-network regardless if it is diagnostic or routine. There has been \$0 met of the \$1500.00 wellness maximum.

Briggs and Stratton Health Center stated they do not perform colonoscopies.

Special note about colonoscopy...

The pricing estimates listed in this letter are based on a "standard" colonoscopy. The charge for this kind of procedure can vary greatly, and cannot be predicted until the procedure is underway. For example, the discovery of lesions or polyps may require that additional procedures such as a biopsy or polyp removal be performed during the colonoscopy. These additional services will result in increased adjusted pricing from both the physician and the facility.

IMPORTANT!

The amounts listed in the chart on the previous page are *estimates* based on the information gathered as a result of your request for assistance. All calculations are based upon the "Total Price" quoted by the medical provider. The actual price billed when your procedure is performed will determine the amount you will be responsible to pay.

When diagnostic services, surgeries, and hospitalizations are required, there are multiple pieces involved in your care. This usually means that you will be billed from several service providers, some whose names you'll recognize and some you may not. The estimates we've included in this letter are only for one piece of your total care. Depending on your medical benefits, you may also have some financial responsibility to other providers such as assistant surgeons, anesthesiologists, pathology, and radiology services. If you have any questions, remember that you can call us to clarify your benefits.

Should you have any questions, please contact me at **1-866-253-2273 ext. 255**.

Thank you for using Patient Care's Cost & Quality service.

Sincerely,



Kenyatta Davis
Patient Care Cost & Quality Specialist