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COA Report

A publication of the California Orthopaedic Association

Volume XVII Issue 1—Spring, 2005

2005 Critical Issues COA Holds QME Courses

Access to health care is approaching a crisis. Under-reimbursement to physicians, medical liability costs, and uninsured or under-insured patients are issues that must be dealt with quickly. There is currently a de facto two-tiered delivery system: those with access (the insured) and those without access. Those without access often seek health care in the most expensive way possible—our hospital emergency rooms. Medical and political leaders must have the will to address these problems. Please consider contacting your representatives and insist that this be their first priority in 2005.

COA Activities

Workers' Compensation reforms are being implemented. COA is looking at practice guidelines and medical provider networks (MPN). Caution: read carefully any contracts and terms that you may be offered in regard to MPNs so that you avoid the inappropriate application of PPO discounts. You might wish to discuss the Workers' Compensation issue with your local COA board member. Further information on Workers' Compensation issues can be found in this newsletter.



Dale Butler, M.D., President

COA sponsored several successful QME courses last fall to help prepare you for the new Workers' Compensation laws. One course was entitled, **The Use of the AMA Guides to the Evaluation of Permanent Impairment - 5th Edition**. These were basic courses on the use of the AMA Guides. A follow-up course on the use of the Guides will be held on May 12 in conjunction with COA's 2005 Annual Meeting/QME Course in Indian Wells. This will be a hands-on course that steps you through evaluations in upper and lower extremity and spine injuries. A portion of the course will also deal with report writing. **Sign up**

(Continued on Page 2)

**Mark Your Calendar and Plan to Attend ...
Course on the AMA Guides - 5th Edition
Thursday, May 12, 2005**

**COA's 2005 Annual Meeting/QME Course
Friday - Sunday, May 13-15, 2005
Renaissance Esmeralda Resort and Spa
Indian Wells, CA (Palm Springs area)**



Registration materials are included in this mailing.

President's Column (continued from Page 1)

for this course to continue to learn how to perform and report on a disability evaluations using the AMA Guides. Registration materials are included in this mailing.

COA also held a course entitled, "**So You Want to be an AME/QME...The Changing Role of AMEs/QMEs.**" This course brought together the legal community, applicant and defense attorneys and a Workers' Compensation judge, to tell attendees what will be expected of AMEs and QMEs after January 1, 2005. For anyone who missed this course, it is available on computer CD and is accredited for 6 hours of QME CME hours. Contact the COA office to order.

AAOS Activities

AAOS has developed a professional compliance program in response to member requests for a process to address the "expert witness problem." This program has been expanded to also deal with violations of AAOS Professional Principles or Bylaws. If this program is approved as a change in the AAOS Bylaws at the AAOS Annual Meeting in February, 2005, two committees will be created: a Committee on Professionalism (COP) and a Judiciary Committee.

These committees will receive and process complaints received from one AAOS member about another member. The AAOS Board of Directors will make any final decision and impose sanctions, if indicated. You will soon be receiving more information directly from the AAOS. The entire program will be discussed at the Annual Bylaws Committee Meeting in Washington, D.C. **Please attend the meeting if you have strong feelings on either side of this issue, or if you just wish to be heard on the subject.** The compliance program seems to be a reasonable solution for problems that AAOS has not dealt with in the past.

COA officers and directors are available to assist with questions or problems that you may have. Please contact us directly or through the COA office. I hope to see many of you in Washington, D.C.

Dale R. Butler, M.D.
President

People in the News

John Gonzalez, M.D. of Riverside and **David Wood, M.D.** of Colton have been elected to two newly created positions on COA's Board of Directors representing the Inland Empire District

Richard Barry, M.D. of Davis has been elected to the AAOS Board of Councilors representing the Sacramento Valley District. This position had been held by Thomas Bielejeski, M.D. who has reached his maximum term.

Roland Winter, M.D. of Stockton has been appointed to an open seat on COA's Board of Directors representing the Sacramento Valley District.

Former **Congressman Tom Campbell** has been appointed as Governor Schwarzenegger's new Director of Finance. Mr. Campbell will be heading up the Governor's 2005 Budget discussions.

Michael Leavitt has been nominated by President Bush to replace Tommy Thompson as Secretary of the U.S. Department of Health and Human Services.

Placement Announcement

Orthopaedic Surgeon Wanting Position

- 30 years experience in arthritis, total joint replacements and arthroscopy
- Certified QME

Looking for part-time or full-time position in Western San Fernando Valley, Thousand Oaks, or Westlake area.

Contact Sandieski@aol.com or Alan Knopf, M.D at 818-222-7071

Equipment Wanted

Cast Cutter

Dr. Stephen Croughan is looking for a cast cutter - new or used. Contact Dr. Croughan at 310-828-4200 or cjs56@hotmail.com. His address: 1430 Princeton St. #4, Santa Monica, CA 90404.

Resource for Orthopaedic Surgeons

Orthopaediclist.com

Orthopaediclist.com is a centralized website listing orthopaedic products and devices. The site was developed by an orthopaedic surgeon to provide one site where orthopaedic surgeons could learn about the availability of various orthopaedic devices and products sortable by category. The site contains over 4,000 orthopaedic products from 708 companies. The site also includes x-rays submitted by surgeons who have used the device. There is no charge to use the site.

WORKERS' COMPENSATION NEWS

Workers' Compensation Reforms Changes Affecting Your Practice Implemented in 2005

Official Medical Fee Schedule (OMFS) - Physician Services

Effective January 14, 2005, the Division of Workers' Compensation has made some corrections to the reimbursement values in the OMFS. In 2004, the OMFS - Physician Services - was reduced by 5% if the reimbursement levels exceeded Medicare rates. Some values were miscalculated. These miscalculations have been corrected in these updates.

- Physical medicine procedures that were incorrectly reduced by 5% in 2004 have been corrected and the 5% restored:

97012	97022	97112	97612	97631
97014	97024	97116	97614	97650
97016	97026	97250	97616	97721
97018	97028	97520	97618	97752
97020	97110	97530	97620	
- The following Surgery codes were reduced by 5% - 62278, 62289, and 64443 - as their reimbursement exceeds Medicare rates and they were not reduced in 2004.
- Radiology and Pathology codes have been revised to include the correct split between professional and technical values. They were incorrectly calculated in the 2004 fee schedule.

A revised copy of the OMFS can be obtained at the DWC website:
<http://www.dir.ca.gov/dwc/dwcpropregs/OMFSEmerRegs2TableA.htm>

Permanent Disability Rating Schedule

As of January 1, 2005, the revised Permanent Disability Rating Schedule has been implemented. The Schedule can be obtained at : <http://www.dir.ca.gov/dwc/dwcpropregs/PDRSRegs.htm>

New Forms

As part of the regulations implementing the Permanent Disability Rating Schedule, the PR2 and PR3 forms have been revised and a new form, PR4 has been adopted. **The PR4 form is to be used for ratings pursuant to the 2005 Permanent Disability Rating Schedule and the AMA Guides to the Evaluation of Permanent Impairment - 5th Edition.** As with the other forms, treating physicians must use the PR4 form or a narrative report that includes the information contained in the PR4 form in the same format. In addition the DEU Form 105 and 110 were revised. The revised forms can be obtained at: <http://www.dir.ca.gov/dwc/dwcpropregs/PDRSRegs.htm>

Medical Provider Networks (MPNs)

As of January 1, 2005, Workers' Compensation carriers and self-insured employers may utilize a medical provider network approved by the Division of Workers' Compensation. Over 300 MPN applications have been filed with DWC, however, as of January 6, 2005, only 8 MPNs have been approved. The approved MPNs are listed on DWC 's website along with the final regulations: http://www.dir.ca.gov/dwc/MPN/DWC_MPN_Main.html

WORKERS' COMPENSATION NEWS

As part of the Medical Provider Network process, injured workers have the ability to obtain an Independent Medical Review if they dispute the medical treatment rendered by three in-network providers. The Independent Medical Reviews are out-of-network independent physicians who are selected by DWC to perform an independent medical examination. The DWC is soliciting board certified physicians and surgeons, osteopaths or podiatrists to serve as an Independent Medical Reviewer. See the DWC letter below. While it is unclear how many injured workers will reach the IMR process, it is preferable to have California physicians performing the IMR rather than out-of-state providers employed by IMR companies. **We would urge orthopaedic surgeons to contact DWC and participate as an Independent Medical Reviewer.**

STATE OF CALIFORNIA

Arnold Schwarzenegger, Governor

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
MEDICAL UNIT

P. O. Box 8888
San Francisco, CA 94128
Tel No.: (650) 737-2700 or 1-(800) 794-6900 Fax No.: (650) 737-2711

Independent Medical Review

The Administrative Director, Andrea Hoch, is pleased to announce that the regulations for Independent Medical Review process became effective on January 1, 2005. These regulations provide injured workers, whose care is being managed by a medical provider network (MPN), with the opportunity to receive a second opinion on treatment or diagnostic issues from outside of the network.

The Administrative Director would like to encourage board certified medical doctors, osteopaths, and podiatrists to apply to become IMRs. Other types of physicians are not currently eligible to be IMRs. There is no fee to become an IMR. The application is available on the Division of Workers' Compensation website at: <http://www.dir.ca.gov/dwc/dwcpropregs/IMRRegs.htm>

Independent Medical Reviewers (IMRs) will be asked to comment in cases where the injured worker disputes the treating physician's diagnosis, diagnostic service or treatment and the injured worker has already seen a second and third opinion physician in the MPN. The injured worker has the option of having an in-person examination or a paper review. IMRs will be selected randomly from a list maintained by the Administrative Director.

The fees for doing an examination will vary depending on the complexity of the examination, the length of the report and the amount of records that are reviewed. The fee for a complex evaluation with a six page report and an hour of record review would be about \$500.

If you have any questions or would like an application sent to you, please call the Division of Workers' Compensation Medical Unit at (650) 737-2700.

Workers' Compensation – Medical Provider Networks Contract Alert

By: Jan Henstorf, M.D., Chair
COA's Economics Committee

BLUE CROSS PPO CONTRACTS

Several COA members have complained that Blue Cross PPO discounts are being applied to Workers' Compensation claims for State Compensation Insurance Fund (SCIF) resulting in 50%-60% reductions particularly for spine and arthroscopic procedures.

How is this possible when you have a contract with SCIF to reimburse at the Official Medical Fee Schedule reimbursement rates?

Blue Cross is performing utilization review for SCIF and several other carriers and self-insured employers. They have the following clause in their PPO contract:

“4.18 PHYSICIAN agrees that, in the event a Member who is covered for worker's compensation benefits by a worker's compensation carrier affiliated with BLUE CROSS, seeks services for a work-related illness or injury, PHYSICIAN shall provide such Medical Services as are Medically Necessary and shall complete a Doctor's First Report of Injury as defined in the California Labor Code. As payment for such Medical Services rendered, PHYSICIAN agrees to accept compensation in accordance with the schedule contained in Exhibit B hereof. PHYSICIAN further agrees that, in the event such MEMBER requires Medical Services in connection with such work-related injury or illness beyond the treatment provided at the initial visit, PHYSICIAN shall refer MEMBER to a participating provider in the Prudent Buyer Comp Provider Network. If PHYSICIAN elects not to treat the MEMBER with a work-related illness or injury, PHYSICIAN agrees to refer such MEMBER only to a participating provider in the Prudent Buyer Comp Provider Network.”

Blue Cross is interpreting this clause to mean that, if you are a member of the Blue Cross PPO network, this language allows them to apply their PPO discounts to any Workers' Compensation entity who becomes affiliated with Blue Cross. A list of Blue Cross “affiliated” organizations can be obtained by faxing a request to the COA office - 916-454-9882.

We are expecting other carriers or third party administrators to also attempt to inappropriately apply discounts to Workers' Compensation reimbursement rates.

Please review your private insurance contracts to see if this type of “crossover coverage” will affect the way you are reimbursed for care provided to injured workers.

As the Workers' Compensation system continues to evolve in the up-coming months, we are concerned about the impact these interrelationships will have on our members. Please forward any information you have in regard to this issue to Diane in the COA office.

Medical Provider Networks

COA Board Develops Advisory Statement

California Orthopaedic Association

Advisory Statement Medical Provider Networks

As Medical Provider Networks are forming, COA is seeing a wide range of approaches from forming a simple network of providers, to systems that include billing and management services for physicians within the network, to networks in which orthopaedic surgeons have an ownership interest. Most of these networks are not exclusive networks, allowing physicians to belong to more than one network. At a minimum, we believe that the Medical Provider Network must meet the following criteria:

1. Establish the Official Medical Fee Schedule (OMFS) as of 7/1/04 reimbursement rates for physician services as the minimum reimbursement levels.
2. Physicians should not be charged a fee to join network.
3. Must have a direct written individual contract with the physician or groups of physicians.
4. Network must be transparent – physicians in network should know who owns and controls the network.
5. Network cannot be sold or leased without the written consent of the physician or groups of physicians in the network.
6. Network must have peer entry criteria involving orthopaedic surgeons reviewing the credentials of orthopaedic surgeons applying to be part of the network.

We encourage COA members to evaluate the MPNs based on these criteria and their individual practice needs. We would encourage members to drop out of networks not meeting these criteria.

Adopted by COA Board of Directors - 10/30/2004

New Triplicate Prescription Forms Effective January 1, 2005

Triplicate Prescription Forms to be Replaced with Tamper-Resistant Prescription Forms

On January 1, 2005, all written controlled prescriptions (for Schedules II-V) must be on the new, tamper-resistant prescription forms. Phone and fax prescriptions for Schedules III-V medications will still be permitted using an ordinary prescription form. Prescriptions faxed on the tamper-resistant prescription form will come through as a “voided” prescription as a result of the way the tamper-resistant prescription is printed.

The tamper-resistant form is available from printers approved by the California State Board of Pharmacy. A list of approved printers can be found at the Board of Pharmacy’s website: www.pharmacy.ca.gov

Physicians who **only write a prescription for either Schedule II or III controlled substance and send the patient to the pharmacy to have the prescription filled** have no reporting requirement to the Department of Justice’s “Controlled Substances Utilization Review and Evaluation System (CURES).” They must maintain a record of the prescribed medications in the patient’s record and maintain a separate log of Schedule II drugs prescribed. Pharmacies are required to report the prescription to the CURES program.

Physicians who **write a prescription for either Schedule II or III controlled substances and dispense the controlled substance from their office** must, on a monthly basis, report these prescriptions to the CURES program.

Whatever form is used to issue the prescription, the prescribing physician **must, in his or her own handwriting, date and sign the prescription.**

A printer, recommended by COA members that is printing the new tamper-resistant prescription forms at a reasonable price is:

**MCC Systems, Inc.
P. O. Box 3686, Modesto, CA 95352
Phone: 209-524-4883 Fax: 209-576-2990**

Their pricing is as follows:

1 part form (100 per pad)	2 part form (100 per pad)
10 pads - \$8.80 per pad	\$13.60 per pad
20 pads - \$5.85 per pad	\$ 9.25 per pad
40 pads - \$4.55 per pad	\$ 7.45 per pad
60 pads - \$4.10 per pad	\$ 7.10 per pad

The California Medical Association has also worked with RxSecurity to secure reduced pricing for the printing of the prescription forms. RxSecurity can be reached at: <http://www.rxsecurity.com/cma.php>.

It is also important to note that there has been no change to existing requirements for physicians to re-examine the patient before refilling a Schedule III-V prescription.

U.S. Department of Labor Uses ACS to Perform UR and Process Claims for Payment

In September, 2003, the U.S. Department of Labor notified providers that Affiliated Computer Services (ACS) would be handling their Workers' Compensation claims for injured federal employees. They indicated that ACS would be issuing their authorizations for medical treatment and processing claims for payment. At that time, **providers were also required to enroll in the federal Workers' Compensation system in order to be able to treat injured federal employees.** There were many problems with these changes. The Department of Labor now reports that the new system is completely implemented resolving many of the initial problems.

Reminders to providers

1. In order to treat injured federal employees, you must enroll in the program. This is a new requirement. The provider enrollment form can be found at: http://owcp.dol.acs-inc.com/portal/pdf/Provider_Enrollment_Form_Final.pdf
ACS will assign you a unique provider number.
2. The current OWCP Fee Schedule is online and can be downloaded at: http://www.dol.gov/esa/owcp_org.htm
3. If you are the primary treating physician, the injured worker will come to your office with either a CA 16 form which authorizes immediate care for a specified number of days – 30-60 days – in the case such as fractures, etc. or a CA1 or CA2 form which acknowledges that a claim has been filed and gives the date of injury. A CA1 or CA2 form only authorizes Level 1 services. Services beyond those in Level 1 require authorization.
4. If the injured worker is referred to you, they should have a letter from the Department of Labor that gives you the claim number and the initial ICD9 diagnosis. If the injured worker does not have the letter, have them call the district office – 415-845-6700 and get the claim number and ICD-9 number. Only the employee or employer can obtain the claim number.
 - **The physician's staff should check for this information. If the injured worker does not have the information, they should have the injured worker call while they are waiting to see the physician.**
 - **If the injured worker cannot provide you with the above information at the time of the visit, get a copy of their group health insurance card, so that you can bill their health insurance should the injured worker not provide this information to you.**
 - **Do not bill your services until you have a claim number or a written authorization for treatment. Without this information, the claim will only be returned to you. If your ICD9 number differs from the ICD9 number in the injured worker's file, call the claims examiner at 415-845-6700 and send him/her information documenting the correct diagnosis and ask them to change the diagnosis ICD9 number. If you submit a bill for services that are outside the treatment for the diagnosis in the patient's file, payment will be denied.**

It is also important to note that OWCP primarily follows the Medicare list of procedures that will be covered in an out-patient surgery center. If you are performing a procedure that Medicare does not allow to be performed in the out-patient setting, payment for the facility fee will be denied.

5. Whenever you treat an injured worker, check the ACS website (<http://owcp.dol.acs-inc.com>) click on FECA provider - to see if the procedure(s) require authorization.
 - Level 1** – procedures do not require authorization (e.g., E&M services, diagnostic tests, and lab work)
 - Level 2** – procedures can be authorized by ACS – often over the phone (866-335-8319, Monday-Friday, 8 am – 8pm, EST) Requests can also be faxed to ACS at 800-215-4901.
 - Level 3 and 4** – procedures require authorization by a claims examiner – initiated through a written request from the provider faxed to ACS at 800-215-4901. The written request must include:
 - Claimant name
 - Claimant case number – on each page faxed
 - CPT or HCPCS codes on which you are requesting authorization
 - Specific body part to be treated
 - Requested date of service
 - Appropriate supporting documentation of the need for the procedure
 - Provider name
 - ACS Provider number
 - Previous diagnosis/ICD9 number if known and new diagnosis/ICD9 number

(Continued on Page 9)

U.S. Department of Labor Uses ACS to Perform UR and Process Claims for Payment (continued from Page 8)

For Physical or Occupational Therapy services, the following information is also needed:

- Prescription from prescribing physician
- Treatment plan
- Frequency and duration of requested services

For Durable Medical Equipment and Durable Medical Supplies, the following information is also needed:

- Prescription from attending physician
- Duration of services
- Rental or purchase price for each item

ACS will send a written response if the service is approved. If the service requested is an uncovered service, ACS will also notify you of this in writing. Generally the response should be received within 30 days of the request.

ACS cannot deny covered services. Only the claims examiners in the district office can deny a covered service. It is not critical to speak with the same claims examiner each time you call on a particular case. All claims examiners have access to all of the medical information and records and should be able to assist you.

6. Providers can check the status of medical authorizations or payment of a claim at the ACS website – <http://owcp.dol.acs-inc.com> Select – FECA provider.
 7. At this time, only pharmaceutical claims can be submitted electronically. Payment should be made within 14 days. Information regarding electronic claims can be found at: <http://owcp.dol.acs-inc.com> or by calling technical support at – 800-987-6717. Paper claims are mailed to: U.S. Department of Labor, DFEC Central Mailroom
P. O. Box 8300, London, KY 40742-8300.
- Include the claim number on each page submitted. Properly submitted and documented claims are paid within 14-21 days.

If you are unable to resolve billing problems through ACS, contact Raquel Ramirez at the Department of Labor's District Office at 415-848-6783.

Orthopaedic Coding Clarifications

2005 CPT Coding Changes - Arthroscopy

- New codes 29866, 29867, and 29868 describe knee arthroscopy procedures. 29866 includes osteochondral autografts and harvesting of the autograft. 29867 is the same as 29866, without harvesting of the autograft. 29868 describes a meniscal transplantation, medial or lateral. These codes replace HCPCS category III codes 0012T, 0013T, and 0014T.
- On December 10, 2004, CMS published an article for Arthroscopic Add-On Code G0289.

The **American Medical Association CPT Assistant** has provided the following coding clarifications:

- Wrist Arthroscopy Coding, CPT Assistant, January, 2005
- The Facets of Paravertebral Facet Joint Procedures (64470-64476, 64622-64627)
CPT Assistant, September, 2004

In addition, the **AAOS Bulletin** has published the following coding clarifications:

- Coding Spinal Procedures: Part II - AAOS Bulletin, October, 2004
- A clarification from Medicare on how to bill for services rendered to patients in skilled nursing facilities.
AAOS Bulletin, June, 2004

If you missed any of these coding reports, they can be obtained from the COA office. Fax a request to: 916-454-9882.

COA Public Relations Activities

COA Members Volunteer Their Time At the KCRA-TV Health and Fitness Expo

COA Members, Dorrit Ahbel, Thomas Blumenfeld, Dale Butler, William Cottrell, Jr., Arnoldas Kungys, Frank Palumbo, Roland Winter, and Gilbert Wright, and COA's Executive Director, Diane Przepiorski participated in KCRA TV's Health and Fitness Expo on January 8 and 9, 2005 at Cal Expo in Sacramento. Thousands of people attended the health fair. COA representatives performed osteoporosis screening for nearly 700 individuals.



Of the individuals tested, 56% were found to have normal scores, but over 30% needed follow-up treatment for potential osteoporosis treatment or prevention. Information entitled, "The Warning Signs of Osteoporosis" and "Once is Enough: A Guide to Preventing Future Fractures" was provided to attendees along with patient educational materials from the AAOS.

A Special Thank You to **Dr. Cottrell** for bringing his staff and equipment to help with the testing, to **GE HealthCare** for furnishing testing equipment, and the **AAOS** for providing patient educational materials.



In addition, COA worked with the California Department of Education to promote the AAOS Public Service Announcements, "Sedentary" and "Lazy Bones" to encourage kids to:

"Get Up, Get Out, and Get Moving."



Legislative Key Contacts Sought For 2005-06 Legislative Session

Important - Action Requested

COA is expecting several critical issues to be considered in the 2005-06 Legislative Session:

- Changes to the Medical Injury Compensation Reform Act (MICRA)
- Efforts to Prohibit Physicians from Referring Patients to In-Office MRIs
- Clean-up of the Workers' Compensation Reforms
- Legislation to Prohibit Third Party Entities From Applying PPO Discounts to Workers' Compensation contracts (COA-sponsored)

As we work to oppose onerous legislation and pass COA legislation, we will need your help in contacting your local state legislators. **Please list below if you are acquainted with your local legislators.**

Legislator Name: _____ Relationship with Legislator: _____

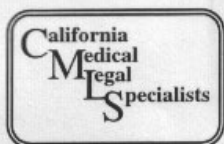
Legislator Name: _____ Relationship with Legislator: _____

Return this form to the COA office no later than February 28, 2005.

Thank you for your participation.

Print your Name: _____

California Orthopaedic Association, 5380 Elvas Avenue #221, Sacramento, CA 95819 Fax: 916-454-9882.



ORTHOPAEDIC SURGEONS, PHYSICAL MEDICINE NEUROLOGISTS, NEUROSURGEONS, PSYCHIATRISTS

Physician Practice Management

CMLS is a professional practice management company that specializes in providing administrative support to physicians who perform forensic medical-legal evaluations. CMLS is currently offering management service to physicians throughout California. Our practice management provides the following services:

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|------------------------------------|--|
| ➤ 70 offices throughout California | ➤ Billing |
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| ➤ Patient scheduling | ➤ Collections |
| ➤ Report Transcription | ➤ You choose your schedule (FT or PT) & cities |

"Our service frees you to practice medicine"

Please contact CMLS at:
6780 N. West Ave., Ste. 101, Fresno CA 93711
or call
1-800-242-0880

Welcome to COA's Newest Members

ATTENTION BOARD CERTIFIED ORTHOPEDIC SURGEONS!



MRK MEDICAL CONSULTANTS

is seeking Board Certified Orthopedic Surgeons
to perform evaluations and record reviews
in the personal injury arena.

Since 1975, MRK Medical Consultants has been
providing comprehensive analysis of personal
injury cases and accidents to both the legal
and insurance industries.

For more information, please contact

Michael R. Klein, Jr., M.D. at:

1-800-403-1647

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or

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Otto Schueckler, M.D.	San Luis Obispo
Charles Schwartz, M.D.	Los Angeles
Asa E. Stockton, M.D.	Eureka
Kee Wong, M.D.	W. Covina

MOVING?

Please notify COA promptly if you are moving.

Name: _____

New
Address: _____

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California Orthopaedic Association

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