



August 12, 2008

Dear Patient:



This information is being given to you in order to supply more details to you about our commitment to a personal care medical practice:

As I write this letter I am both discouraged and encouraged by what I see in medicine. I am discouraged from a call that I recently received from a colleague. He is one of the most talented individuals and best trained Tennessee physicians that I have ever met. He has practiced for five years after having accomplished board certification in two specialties, a rare achievement. This is the type of young talented, personable, and ethical doctor that anyone would desire; and he plans to walk away from medicine (after ELEVEN years of post-college training!). However, I am encouraged to see that more and more doctors around the country are moving back to traditional and innovative relationship-based care exclusive of insurance relationships. I am encouraged by the recent feedback that I have been receiving from my staff and patients.

### **LET ME RE-INTRODUCE MYSELF**

I love what I do in my multi-faceted practice. **I am a diagnostician**, and as such I enjoy the challenge of making a difficult diagnosis. With a willingness to persist, I have often discovered the elusive diagnosis. **I am a generalist**, and as such I am trained to think much differently from those who have a partial expertise in medicine. I am very comfortable thinking outside the box when needed. **I am a high-tech doctor**, and as such I am compelled to get access to the leading technology when it benefits my patients. Much of my equipment and techniques are not available in any local hospital or other local physicians' offices. **I am open-minded**, and as such I pursue RESULTS. Our world is filled with treatments which are derived directly from nature, and although effective, can never become FDA-certified. Acceptance of both traditional and alternative approaches has been critical for the successful care of many of my patients. **I am a proceduralist** by additional training, and as such, I am able to provide surgical services in the office setting that commonly are inappropriately provided at higher-cost hospital centers. Local and twilight anesthesia can be safer and more cost-effective than general anesthesia. Unfortunately, insurance policies have forced doctors into patterns of referral and care that are more expensive and less safe. A \$1500 surgery routinely

performed in my office could cost a patient \$6,000 to \$10,000 in the hospital. **I am progressive**, and as such, I can share high resolution digital photography online to get second opinions from other doctors. I am responsive to my patients with email. I visit with my patients in their homes. It would not be unusual for a patient of mine to call from Singapore, London or Boston and need me to administer care from that distance. Many of my patients appreciate what value my mid-level providers bring to my office, and we are all available for acute or scheduled office evaluation, as well as after-hours interaction.

### **PHYSICIAN-INSURANCE COMPANY MISMATCH**

My style of medicine is not compatible with the model adopted by most third party payors. Most current insurance models pressure the doctor into a style that often results in second-rate care. The first insurance company contract that I discontinued was a result of insurance company condescension. They told me they were aware that our practice paid MORE for the immunization product than what they reimbursed, and that I should transfer my patients' care to the doctors to whom they paid a higher rate! Currently, I am walking away from all insurance contracts for similar reasons. All plans seem to be engaged in similar activities that adversely affect medical care delivery; BCBS is the most recent to be held accountable by the courts.

BCBS has recently agreed to settle for \$131M in a class action suit from almost a million doctors. This settlement averages out to less than \$200 per doctor, which means, even after the court remedy, the doctor and the patient both lose and the insurance company wins! The insurance companies make billions from their tricks, and they are penalized a fraction of what they pilfer. In this action the alleged BCBS offenses over eight years were the following:

1. Rejecting clean claims
2. Bundling claims (paying only for part of what was done)
3. Downcoding claims (changing the service that was done)
4. Misrepresenting fee schedules (not being honest)
5. Refusing to recognize service code modifiers (not recognizing all services performed)
6. Failing to pay claims in a timely fashion (holding money)

But what should be more offensive to us all is the premise that we need insurance companies for normal care. They introduce inefficiency into the routine medical care of the patient. These administrative third parties should be necessary only for unaffordable catastrophic situations. In addition, a new government-insurance coalition has forced patients to sign over their privacy rights. In the name of "privacy protection," patients

have actually relinquished their privacy rights. As the medical record becomes electronic and standardized, every detail of your “private” conversation will be on “the grid,” and available to thousands of “authorized” personnel. I call this “MEDICAL identity theft.” The abuses of your information are forthcoming. Your information will be safe and secure in our practice as we will adhere to traditional consent for any release of your medical information.

### **WHAT WE WILL OFFER**

What is different about the model that we will offer? First and foremost, we offer something that is not widely available: a long-term personal relationship. We offer access to care when and where you need it. Our new model will ensure that we continue to do the things that we have always done and that we do many things better. We offer PROTECTION when high-cost centers are unneeded. This protection will matter to you if you pay your own bills, or it will delight your company if it funds its own insurance plan (so-called self-insured or self-funded company).

### **WHAT SHOULD YOU DO?**

You should NOT buy more coverage than what you need. You should make sure that you have coverage for those things that could be catastrophic, including major surgery (like brain surgery, appendix surgery or heart surgery). But keep in mind most expensive surgeries are regularly performed in our office setting or in our fully equipped procedure suite. These procedures include removal of masses, moles, lipomas, and cysts; treatment of abscess, ingrown toenail, or breast lumps; biopsy of thyroid; simple fracture management; vasectomy; tubal ligation; and laceration and hernia repair.

### **WHY IS OUR PRACTICE STYLE A SOLUTION TO THE PROBLEM?**

Most of our patients either get their care from an individual policy or a policy provided by their company. Individual policy premiums often times are made affordable by carrying a high deductible. Our patients are six times more likely NOT to have to spend their entire deductible from year to year (this saved money will satisfy some or all of the retainer fee that is an integral part of our practice). Individuals who are provided coverage through an employer may find themselves in one of two common situations. First, some employers initially “don’t care” about the expense of the care provided because the insurance company directly pays those bills (full risk assumed by insurance company). In those relationships, the insurance plan makes money by denying care, which can promote ill-will with the employee, who may complain to the company. The company gets concerned when the high utilization (expensive ER visits, hospital surgery and admissions) results in an increase in annual premium. Second, the other situation is for companies to use the insurance company to do the paperwork, but the company itself

“writes the check” for all medical bills (they assume all of the risk). Self-funded companies care very much about avoiding expensive, inefficient medicine.

Our medical practice will be a great value to many. As we move off these contracts and are able to provide more personal and focused patient care (instead of “care by permission” of the insurance companies), we will be an excellent value for those who:

- 1) Value our high level of service and convenience
- 2) Value our ability to keep much care out of high-cost centers
- 3) Value our access to high-tech procedures and skin care

We have the ability to avoid many of these high-cost centers so that dollars paid go for high quality service. When we can help you avoid most \$5,000-to-\$15,000 emergency room visits and hospital admissions, over time we can provide high service and value. Your personal productivity is improved when medical care does not look like the impersonal “cattle care” that is proliferating.

### **HOW TO ENGAGE US FOR A LONG-TERM RELATIONSHIP:**

We have no insurance contracts which are still in force. The overall concept of “insurance coverage” needs a massive reconsideration. When the insurance company negotiates a low price or cuts a price, the quality and availability of service goes DOWN. Here is a summary of our recommendations:

1. For individuals: Purchase hospital or catastrophic high-deductible insurance only.
2. For employees: Ask your employer to give you the choice of a high-deductible insurance policy that includes only a hospital or catastrophic benefit.
3. Select a policy that does not have a preferred network or that has a minimal penalty for seeing a non-network physician.
4. Ask if your company is self-insured. If it is, give them this document and ask them if you may submit your paid doctor visits to the company for direct reimbursement to you. Also, we would talk to your company, as they might be interested in an after-hours program for all the employees that can eliminate the company’s emergency room and hospitalization costs by over 40%.
5. Health Savings Accounts can be used in an effective strategy.
6. Consider that perhaps (for you) a relationship with our practice may be more important than a policy! For six of the last eight years, I have carried no medical insurance of any kind for my family.

### **THERE IS A SOLUTION**


The proven solution is to cut the insurance company out as much as possible! The insurance company's costly administrative expenses should be an issue only when

unaffordable rare events occur. Hospital-only, high-deductible, and HMO/PPO insurance policies tend to be affordable, and the saved money can be used to pay for the "small stuff." Various plans have strategies to restrict care or control your usage, but the best way to prevent premium increases is to minimize high-cost utilization. Most doctors feel forced to order expensive tests. Smart patients ask "Will that test impact my treatment?" and "Do I have other options?". Bottom line: Insurance should be used for the huge expenses that you would not be able to afford. This approach is proven anywhere, but in our practice it makes even more sense.

Our model is a retainer medicine structure. Starting on August 22 our patients will begin the responsibility for an affordable monthly individual, family, or company-paid retainer fee. This fee will qualify our patients as members of our practice and will entitle them to our discounted fee schedule. Please let us know if we can supply more details or a retainer contract. We are ready to talk to you in-person, by telephone, or by email!

### **OUR SOLUTION GETS SWEETER**

Our practice fits perfectly with high-deductible policies, because the key to savings is avoiding high-cost centers and unneeded tests. We offer access to care when and where you need it. Our new model will ensure that we continue to do the things that we have always done and that we do many things better. We offer PROTECTION from unneeded high-cost hospitals and emergency rooms. Any of the following examples demonstrates how you can avoid the high costs which will cause you premium to increase:

<b>Clinical Situation</b>	<b>Expensive Scenario</b>	<b>CMCG solution</b>
Recurrent Kidney Stone	The patient goes to his doctor, and is referred to the ER. The patient is in tremendous pain, but this patient might be of low priority in a busy ER. The patient might be suspected as a "drug-seeker." Imaging and treatment eventually performed over a 6-hour time period.  Cost: \$6,000.00	The patient is seen and evaluated immediately day or night. A simple lab test confirms the diagnosis, and the patient's pain is immediately relieved with IV fluids and effective medications.    Cost: \$1,500.00

<b>Clinical Situation</b>	<b>Expensive Scenario</b>	<b>CMCG solution</b>
Fall, With Cut on the Forehead	The patient goes to the ER, and automatically receives head imaging studies. The laceration is repaired, and patient returns home after 6 hours, with instructions to follow up in doctor's office the next day.  Cost: 4,000.00	The patient is seen and evaluated immediately day or night. A neurological exam indicates that head imaging is not needed. The laceration is repaired after a radiofrequency revision and plastic technique closure.  Cost: \$800.00
Discovery of Abdominal Wall Lump	After the patient takes time to obtain a referral to a surgeon, patient is admitted for day surgery, undergoes general anesthesia, and misses a full day of work.  Cost: \$11,000.00	Office surgery with local and/or twilight anesthesia, ½ day of work missed.  Cost: \$1,500.00
Recurrent Severe Migraine	Go to ER and after long delay of treatment and possible imaging, patient might get appropriate treatment. Discharge with a small prescription and instructions to follow up with regular doctor.  Cost: \$4,500	The patient is seen and evaluated immediately day or night. Exam indicated imaging studies unnecessary. Medical treatment with next morning home follow up.  Cost: \$1,000.00
Heavy Perimenopausal Female Bleeding	Hysterectomy with two-week loss of work.  Cost: \$18,000.00	Office endometrial ablation with one-day loss of work  Cost: \$3,000.00
Facial Weakness (Possible Stroke)	Evaluation in ER includes IV fluids and imaging of brain.  Cost: \$5,000.00	Evaluation in office quickly demonstrates the classic self-limiting Bell's Palsy, immediately treated with office medications.  Cost: \$600.00



<b>Clinical Situation</b>	<b>Expensive Scenario</b>	<b>CMCG solution</b>
Pneumonia, Mild to Moderate in Healthy Patient	Admit for antibiotics and IV fluids, oxygen, and breathing treatment.  Cost: \$20,000.00	Office evaluation and three home visits including antibiotics, IV fluids, oxygen, and breathing treatment.  Cost: \$3,000.00

## **TESTIMONIALS:**

Dr. Laurence saved my life in an unexpected emergency situation. He performed a surgery that only a few physicians in Memphis could perform. I would never see any one else. L.C., Memphis, TN, Certified Public Accountant

Dr. Laurence has cared for my wife and all my children for six years. I travel extensively and it has been a great comfort to know that we can quickly reach our doctor or his staff anytime we have an emergency. I have friends who never hear back from their doctor on the weekend, but Dr. Laurence always calls. His staff calls us the day after an office visit to make sure we are improving. Also Dr. Laurence is always prompt with his email responses. N. F., Bartlett, TN, Minister

I love Dr. Laurence! He would not let me be inconvenienced by a four hour weekend wait in the emergency room. He met me at the Jewish Community Center and in the lobby fixed my daughter's dislocated elbow. It was magic. She immediately stopped crying and started moving her limp arm."

R. S., Memphis, TN, Teacher

My five year old daughter's lip got caught on a fence and it was literally torn from her face. Dr. Laurence spent four hours numbing her and doing a fancy plastic surgery stitching. She never cried during the surgery, and where once there was a one inch gash, there is no visible scar at all! I have never seen a doctor with a bedside manner like Dr. Laurence's.

C.S., Rossville, TN, Nurse

Dr. Laurence diagnosed me correctly with a rare type of migraine headache, gave me a special medication combination, and my headache of four weeks was GONE. I would have saved over \$10,000.00 and weeks of intractable pain if I had seen him earlier. My family has many doctors who were giving me advice, and when Dr. Greg Laurence fixed me, they were amazed.

K. B., Arlington, TN, Homemaker

I paid my entire deductible of \$5,000.00 two years ago for a surgery that did not work. Dr. Laurence's staff gave me the best surgical experience possible, and Dr. Laurence fixed my problem correctly at a cost of \$1,800.00. I saved over \$3,000.00 and missed only one day of work. Dr. L, you rock!  
C. J., Memphis, TN, Photographer

I was told by an oral surgeon that the removal of a lesion on the back of my tongue would require general anesthesia and a day of missed work. I went to Dr. Laurence for a second opinion at 9:00 a.m. and was on my way back to work twenty minutes later. I felt a slight "tickle" as Dr. Laurence removed the small tumor with special equipment. Dr. Laurence has earned my respect and trust.  
D. B., Memphis, TN, Import/Export Business

Dr. Laurence knew the perfect doctor to send me to. My previous back surgeries were unsuccessful, but after the new surgical technique with a one-half inch incision I was restored to health.  
W. A., Cordova, TN, Certified Financial Planner

I am so glad that Dr. Laurence understands that sometimes the needed expert is not another MD. I work at an orthopedic device company that specialized in spinal problems like mine. After six years of daily back pain and traditional treatments, Dr. Laurence's referring practitioner cured me 100% of my pain, now two years running. Knowing who to call when you can't fix it—Priceless . . .  
R.K., Memphis, Attorney

I thought I was having a miscarriage. Dr. Laurence came met me at his office at 11 p.m. and was able to determine with ultrasound that my bleeding was normal and my baby was going to make it. His is a one of a kind practice.  
T. L., Somerville, TN, Public Relations

I was diagnosed with vertigo (dizziness) which lasted for six months. All prescribed medications were ineffective and caused terrible side effects. I could barely walk through my house without falling, and I was close to being disabled. My family told me about Dr. Laurence, who totally cured me in 25 minutes – I walked out of his office a new person. I have since found out that other doctors know about this therapy but they will not take time for the treatment because there is no insurance code for billing purposes. I thank God for a doctor like Dr. Laurence who gave me my life back.  
B. R., Houston, TX, Retired Public Servant



## **OUR PROPOSITION**

My nineteen years of medical training and practice experience has uniquely prepared me to meet your medical needs. The current system takes care of most individuals fairly well, but the system is not efficient and it will continue to look more and more like a DMV government office – it will regress toward hurried care, long lines, inconvenient scheduling, and disrespectful staff. Our practice will be the fresh alternative of choice in the Midsouth. Please feel free to ask us to work with you, your insurance broker, or your benefits department. We recommend that you do what you can to transition to an insurance policy that covers only unaffordable emergencies – save money on the front end by avoiding expensive “over coverage”. The best policy for you might look like a high-deductible policy, or it might take the form of a cheap and highly-managed low-priced policy. Either way, we will be able to work with you, and you will be protected in an event of catastrophic illness. The insurance will be helpful when you must get expensive imaging or hospital services. No matter what kind of insurance you do or do not have at this moment, we hope to be able to care for your medical needs now, and for a long time into the future.

Sincerely,

Gregory Laurence, M.D.



You may mail or email the following information to us:

Name:

Household members (include ages):

Address:

Phone#: (    ) \_\_\_\_\_ - \_\_\_\_\_

Mobile#: (    ) \_\_\_\_\_ - \_\_\_\_\_

Email address:

Our mailing address:

GFCO/CMCG

2195 West Street

Germantown, TN 38138

Our email address:

NewGFCO@memphisdoc.com

(check all that apply below – or if you email, include the above & following items of interest)

- Sign me up! Have someone call for details
- I am interested, please have an advisor call me
- I have questions, please call
- I need a GFCO/CMCG representative to call the benefits person at my work. The benefits administrator information is listed below