

Starting Out Third Party Free

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I am happy to report that I am in my fifth month of solo private oto-neurological practice. Truly, I must be experiencing what so many have called “lean, hard times” in the beginning....

Each day I receive calls from new patients with tinnitus, dizziness, vertigo, imbalance, hearing loss, or even general neurologic complaints. I speak to all of them personally in order to develop some initial rapport; get an idea of the complexity of the case; and explain my services, my practice model, and my fees. Even though this takes time, I am certain that it helps develop trust and ultimately loyal patients willing to pay by cash or check at time of service. In addition, patients can become empowered and educated in unique ways.

Here are some of the benefits of a practice in which patients pay directly at the time of service:

1. Patients are welcomed at their seat in the reception room with a smile and a handshake by the doctor. No one asks the patient cold questions such as, “Do you have a copay?”

2. The patient does not have to sign any government or other third-party forms before seeing the doctor.

3. Patients can look forward to having their concerns voiced without feeling rushed or ignored. There is ample time for the visit, which begins in the doctor’s private office and then moves to examination and treatment rooms. One to two hours can be spent with a complex new patient if necessary. The doctor is not pressured into seeing 12 to 35 patients a day just to make overhead and a little profit.

4. The patient and the doctor retain control of all workup and management decisions. No third party is restricting, dictating, or oppressing the doctor’s medical judgment. Medicare should pay for patients’ MRI scans, testing, and physical therapy, even if the physician chooses not to participate in the program. Private insurance companies also may help pay for workup and medications.

5. Patients discover that their doctor can become a friend, a confidant, a trusted listener filled with compassion and knowledge.

6. The patient pays the doctor with a check in full at the end of the visit and does not complain. Furthermore, the check says “Pay to the order of Dr. Michael J. A. Robb,” as opposed to “provider name” without a professional degree or title. Charity care and payment plans are arranged when necessary.

7. The patient is given a statement that is easy to read and understand. This statement has all the necessary numbers, codes, information, and details required for direct submission by the patient to the insurance company for “out-of-network” reimbursement. Sometimes, patients simply pay out of their personal medical budgets and do not care to send in the form at all.

8. The doctor goes home filled with a sense of gratification and is not exhausted. He has seen a limited number of patients but has checks to deposit in the bank the same day that are sufficient to pay the bills and live humbly. There is no such thing as a 3 to 6-month delay in cash flow. Since he has gotten to know patients in depth, better care is provided, more accurate diagnoses are rendered, patient satisfaction is achieved, and a loyal patient-doctor relationship is established.

9. Patients can contact the doctor by email or telephone any time should problems, questions, or concerns arise. They do not face a maze of time-consuming telephone recordings and other delays. Prompt replies from the doctor are a matter of course. Each conversation strengthens the patient-physician relationship.

10. The joy of practicing medicine is realized. A simple outpatient practice mirrors a simple, peaceful life. The doctor looks forward to waking up the next day to go to work. He rejoices in the fact he is able to practice medicine straight out of fellowship without having to incur \$50,000 to \$150,000 of start-up debt, sign away his integrity in contracts, work for someone else, hire staff to handle government and third-party regulatory burdens, and tolerate other unnecessary means of obstruction that ultimately diminish care, add stress, and destroy customer service.

Truly, times are filled with liberty, prosperity, and good cheer when a new doctor starts a practice third-party free.

More specifics and pearls will follow as additional clinical experience is gained.

Please forward any particular questions or comments to me.

I thank AAPS members for their guidance, support, and courageous efforts to preserve the sanctity of the patient-doctor relationship and the practice of private medicine.

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