

BACKBONE

a publication of the Connecticut Orthopedic Society

Volume 12

Summer 2008

President's Corner Robert Biondino M.D. - President

Rocky Mountain High vs. The Evil Empire

For those who follow *Backbone*, I have been appropriately hard on the hospitals and the insurance industry, a Don Quixote tilting at windmills. Larry Lucchino et al (Princeton, Class of 1967) as part of the Red Sox nation, forever coined the Evil Empire term. In New England, Yankees/Sox tradition is fiddleresque - faithful followers and imagined empires. As long as the powerful vested interests control healthcare in America, there will always be an Evil Empire. There will always be powerful opposition to change.

In a Summer where the Cubs are the good guys (baseball's last greatest Dynasty 1906 to 1910) and a historic presidential campaign unfolds, we need to explore why there is deceit in the mechanics of the medical system and better define the Evil Empire.

Instead of the Yankees, we should look at the gang of thieves as the Evil Empire, one with significant lobby resources which prevent fixing of our fragmented, costly health care systems. The bad guys are the pharmaceutical industry, insurance industry, hospitals and alas organized medicine.

Not unlike the Enron paradigm, this Evil Empire changes our value systems as individuals and as a society. We accept healthcare disparity. We accept the market share or bottom line idea and champion for inexpensive healthcare while patients delay care or fail to seek preventative care because of the "deductible expense". The narrow minded Health Savings Account is a good example, but co-payer or delayed care or omitted care for all is another. Compared to Europe, our high co-pays and deductibles contribute to our low performance in key health status indicators. Sadly, there is no rational scientific data to prove that a co-pay has a positive response in healthcare. As stated, it is quite the opposite. All the piecemeal approaches do that, tax credits, vouchers, Health Savings Account and deferred contribution all delay care and help only a few. The latter two promote risk assumed by the employee and the industry sells it as consumer driven healthcare.

By changing or misunderstanding our value systems, we keep the Evil Empire intact. We become whores. We accept profits before patients. We speak about personal responsibility (the co-pay idea) to limit these visits. We accept the self interest of the Evil Empire. We allow them to best their bottom line every year. But then some do what is unthinkable for most of us, they join the Evil Empire. There is over billing for homecare services. We rationalize the 360° discectomies and fusions as responsible care with a 40% fair result. We try creative up coding of diagnoses and services to force third party payers to pay more. How many times do we see non M.D. agendas pushed through legislation for profit? (how about hyperbaric chambers for leg ulcers for podiatrists?) We have even seen in our own State a surgeon who initiated over 200 court actions to collect fees. A recent court decision noted that the previous court failure had established a precedent which had denied previous balanced billing. In 2004, the courts (#CV980349830) essentially said that by accepting assignment, you become a temporary member of the health panel. What a surprise! Worse however was the statement of the district court (07 #CV01561) that the plaintiff, a surgeon, had often displayed an appearance of bad faith. The surgeon and attorney should have known that the Employment Retirement Income Security Act (ERISA) preempts our State law claims. Though still under Attorney General review, the implications are that out-of-network providers may be prevented from balance billing for their usual charges. How do the noble care providers smile when the judicial branch exposes us as dollar oriented to a fault. When the Evil Empire can cloud any issue by "buying" the media attention at any time, why would we

(cont. on p. 2)

Annual Meeting Highlights

Orthopedist of the Year

Ronald Ripps, M.D., received the Connecticut Orthopedic Society's highest honor, Orthopedist of the Year award at the Society's Annual Meeting held on May 16, 2008, at the Farmington Marriott Hotel in Farmington, CT. He was nominated and elected for the Society's prestigious award by the Board of Directors. Dr. Ripps was recognized for his significant contributions and dedication to the practice of orthopedic surgery, the profession of orthopedic surgeons in Connecticut and his activism in the field of medical politics. He has served his colleagues and the profession of orthopedics as a Past President of the Society.



Ron Ripps, MD,(r) accepts the Orthopedist of the Year award from Society President, Robert Biondino, MD,(l) at the Annual Meeting on May 16, 2008.

Dr. Ripps is the founder of Connecticut Family Orthopedics, a practice established upon completing his orthopedic residency at Barnes Hospital in St. Louis. He has been active in medical politics for many years, serving on the Board of the Fairfield County Medical Association and the Connecticut State Medical Society's Legislative Committee. Under his leadership and tutelage as President of the Society, Dr. Ripps laid a solid foundation for growth and expansion of the professional society that represents orthopedic surgeons on legal, regulatory and professional fronts. He is a contributing editor to BACKBONE writing articles of human interest and professional importance. Dr. Ripps has been a pioneer in bringing emotional issues inherent with the practice of medicine to the forefront both in his writings and collaboration with experts in the field.

Dr. Ripps received his medical degree from Tufts University Medical School and served as Chief Flight Surgeon at Dyess Air Force Base during the Vietnam conflict. He was honored for his many achievements and leadership in the development of the Orthopedic Society and practice matters. Joining Dr. Ripps was his wife Barbara, daughter Rebecca Garber and her husband Dr. Stephen Garber, son Noah Ripp, his wife Annika and their children Linnea and Solomon, as well as many friends and co-workers. Robert Biondino, M.D., the Society's President, friend and colleague presented the award.

Yale & UConn Resident Papers Presented

The Society invited residents from each of Connecticut's orthopedic residency programs to present Resident Papers at the Annual Meeting on May 16, 2008. Residents were selected by the heads of each residency program. To thank and acknowledge the participation of residents in our Society, the Board adopted a policy to fund all orthopedic residents' memberships in both their county medical association and the Connecticut State Medical Society to foster relationships, communication and commitment to organized medicine.



(left to right) Lee Rubin, MD, Yale Residency and Joe DeAngelis, MD, UConn Residency presented papers at the Annual Meeting of the Connecticut Orthopedic Society on May 16, 2008.

2008 Honorary Member of Society

The Society's Board voted to induct Ms. Kathy Pirog as an honorary member of the Society for 2008 and the award was presented to Ms. Pirog at the Society's Annual Meeting on May 16, 2008 at the Farmington Marriott in Farmington, CT. Honorary membership is conferred by the Board of Directors to any individual who serves or contributes to the advancement of orthopedic practice in Connecticut.

Kathy Pirog (l) accepts her honorary membership from Society President, Robert Biondino, M.D. (r) at the Society's Annual Meeting on May 16, 2008.

Ms. Pirog, head athletic trainer and Associate Professor of Athletic Training Education Program at Central Connecticut State University, was recognized for her long-term service to student athletes and dedication to the orthopedic community. The honorary membership is in recognition of her years of service and dedication to young athletes and the athletic training profession. Her commitment to the management, prevention, recognition and rehabilitation of injured athletes is an integral component to our field of orthopedics and sports medicine. Dr. Biondino, the Society's President noted that, "Kathy is an asset to orthopedic surgeons of Connecticut and the athletes she cares for and educates."

doggedly pursue a few dollars more? Somehow 200+ court actions are neither well intended, well received or positive public relations. I trust that the aging population of Connecticut orthopedists are not alone in perceiving that this is simply wrong.

The Evil Empire may suffer in a perfect storm. In November 2001, Joel Miller at the National Coalition on Healthcare spoke of the perfect storm. A time when the weather conditions were perfect. In healthcare, the converging factors are clearly a worsening economy, a growing number of unemployed, a “marked rise in health insurance premiums along with increasing cost of healthcare”, an increasing number of uninsured or underinsured and a demand for relief from business. Fiscal panic by state governments will occur and an organized, universal safety plan has to arise. Are we close?

Some of my colleagues will argue with me about the Evil Empire concept. They argue to soothe their moral dilemma and point out that America has always been about capitalism and free market. Dr. C. R. White in his 2007 book, “Healthcare Meltdown”, argues that when the profits and market control of one industry begin to drain and impede the growth and sustainability of all other industries and the health and well being of our nation is routinely sacrificed for the sake of preserving free enterprise, it is time to rearrange our priorities.

What cannot be argued is the World Health Organization’s report card released a couple of years ago which the United States failed. The U.S. ranked in life expectancy 27th, maternal mortality 29th, infant mortality 35th, overall mortality ages 15 – 60 35th, likelihood of death before age five 36th and population over age 60 40th. We do however lead the world in two categories, the amount of money spent per capita per year for healthcare (greater than \$7,000) and the money spent as a percentage of our Gross National Product (165%). Our wasteful system excludes one out of six Americans from insurance coverage. Their figures, not mine, suggest at least 46 million of our citizens have no coverage. Think of the sheer lunacy of the Cigna Corporation raising its health insurance premiums by an average of 82%. The best or point of service plan was \$1,022 per month for single mothers and \$2,485 per month for families in the entertainment industry (Los Angeles Times 11/23/06). That is \$30,000 per family and at a time when healthcare inflation has stabilized at 8%.

The pharmaceutical industry is a formidable obstacle to any healthcare reform. The Kaiser Family Foundation notes that profits as a percentage of sales run about 19%. Their own data shows that they spend three times as much

on marketing and administrative costs than they do on research and development, which could be the reason why our drug prices are 60% higher than the world’s. They use every ploy to deceive the American people. (New York Times, July 23, 2000). They price fix, kickback, manipulate, patent law, increase campaign contributions and payoff companies to limit generic medication production. In the healthcare world, only the hospitals exceed pharmaceutical expenses while the practitioners are third in total expense.

On a recent trip to Colorado, I heard a member of a medical organization talk about the momentum gathering for the establishment of a state healthcare funding trust that is separate and insulated from the general funding mechanism of the Colorado legislature. It is hard for me to believe, but Colorado is attempting to create a universally accessible, publicly financed system that is accountable to the people, has the authority to contain excessive healthcare inflation, uses evidence-based medicine to determine the best value for our health dollars, and will do it from a democratic platform. This bill and I labor including lines and words written as a model for selling points, but it basically establishes a single, publicly owned, not for profit, insurance company, governed and administered as a public utility.

The governing board is given the power to set the budget, establish standards of care and benefits and limits of coverage as well as oversight of health related regulatory agencies and public health. It will be in charge of licensure and credentialing as well as negotiations for a single state formulary. Remember Colorado has already handled tort reform so they have no problem with the idea of oversight of a malpractice and safety board which should make the process of malpractice and physician discipline one of both education and adjustments within the system to improve patient safety. It’s goal is not to make it a purely punitive legal process. The plan goes on to indicate that the platform will direct discussion toward ways to improve public health and not stockholder earnings. The board will hold public meetings and maintain transparency in its governance. In a sense, this is truly consumer directed healthcare. *(cont. on p. 4)*

*The Backbone is a publication of the **Connecticut Orthopedic Society**. Comments and suggestions should be directed to: **Susan Schaffman, Executive Director**
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Workers' Compensation (More Workers' Comp News on page 5)

(Editor's Note: The following appeared in the AMNews, July 7, 2008.)

Aetna requires doctors to opt out of workers' compensation network

By Emily Berry, AMNews staff.

Even as Aetna executives pledged in June to continue to abide by the principles of its expiring class action settlement with physicians, the company clashed with doctors in several states over what some see as a sleight of hand with its workers' compensation business.

Several state medical societies have alerted doctors that they must opt out of the Aetna Workers' Compensation Access network if they don't want to be paid under workers' compensation insurance fee schedules. Those fee schedules often pay less than PPO or HMO plans.

Aetna has sent opt-out letters to Connecticut doctors over the past year, and the Connecticut State Medical Society is looking for answers, Executive Director Matt Katz said.

"It is a bit disingenuous for Aetna to say they're provid-

ing transparency [in contracting] if in this case doctors don't know in advance they're part of the network," he said.

Aetna, meanwhile, claims that adding doctors to its workers' compensation network with an opt-out process, rather than an opt-in, simplifies the process for physicians.

"The opt-out process is easier than requiring physicians to contact Aetna and complete the process to become part of the network because it involves fewer administrative steps and is faster," spokeswoman Katie Vukas wrote in an e-mailed statement.

She said letters have gone to doctors around the country who are part of its other networks, as Aetna has expanded its workers' compensation network state by state. Recipients generally have 30 days to opt out, she said.



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President's Corner

(cont. from p.2)

Not surprisingly, the bill will divide Colorado into five districts each with a separate administrator and medical director. This allows for the subtle differences that sometimes occur in regions with different needs and patient populations. (The example given is that asthma-related illness in innercity children is not the same public health concern as machine-related accidents for farm children in a rural district). There will be mandatory enrollment in a single risk pool with streamlined administrative processes that should reduce 30% of total healthcare administrative expenditures.

The plan which is developing steam in Colorado is consumer oriented. The concept of preferred providers or in or out of network systems is totally eliminated. Patients will see the doctor in a hospital of their choice anywhere in the state. If they need to see a doctor in another state, the system pays for that visit up to what is paid within the program and the patient will pay the difference. Emergency care is covered for out of state travel and medications and medical supplies are part of the coverage.

In this situation, the legislators have seen through one of the follies in our system in Connecticut. The innercity hospital gets the same reimbursement for a Level One trauma gunshot wound coming from a homeless shelter as a suburban hospital receives for a Level One trauma motor vehicle accident involving a corporate executive. A family doctor in Colorado Springs will get paid the same for a Level Three office visit as a Durango physician in a rural community doing checkups at a mobile clinic in a remote mining town. The beauty of all of this is that the doctors and hospitals only have to learn the ropes of one simple administrative bureaucracy to which they have direct access whenever problems arise. They bill one entity and eliminate all of the gatekeepers, administrators, clerks and grade two keypunch operators who make the present system a mess.

Again, the legislators involved in this bill got it right. They state that doctors and hospitals can compete with one another but not on issues of landing the best contracts or avoiding the poorest paying patients. Rather, the patient's satisfaction, safety, efficacy and improved clinical outcomes are what ultimately define this fee-for-service model. If given a chance, the Colorado plan would be partially funded through state income and corporate tax deductions and through employee tax contributions if they so chose. This looks to remove the sole burden of health benefits from business.

In short, I have defined the Evil Empire and the fact that you and I are involved in a service industry meant for the greater good. Moral issues face us every day. In Fiddler on the Roof, Tevya was able to deal with his daughter's love for another man and for his other daughter's selection of a Bolshevik, he was unable to

deal, however, with a matter of faith. Isn't the Evil Empire asking us to go back to our childhood and our roots and alter how our society and we view the quality and goodness of our profession and ourselves.

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Save the Date
2009 Annual Meeting
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Annual Meeting Highlights

Thanks to Our Sponsors

The Connecticut Orthopedic Society gratefully acknowledges the support of the following companies who took part in the Annual Meeting on May 16, 2008.

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Workers' Comp Update

The Connecticut Orthopedic Society continues to work with the Connecticut State Medical Society's Workers' Comp Committee to review the new fee schedule mandated by legislation which incorporates relative values while maintaining budget neutrality. Many of you attended the presentation immediately following the Society's Annual Meeting on May 16, 2008, where a review of the top 20 most frequent orthopedic codes was provided by CSMS Executive Director, Matt Katz and CSMS Workers' Comp Committee Chair, Michael Saffir, M.D.

Practices throughout the State were asked to provide the CSMS Workers' Comp Committee with a sampling of their top 20 most frequently used codes and the majority indicated that the overall impact would be budget neutral, although a general slight negative was noted in a few areas. In follow up to the discussions from the CSMS/Chairman meeting, the CT Ortho Society's Annual Meeting and individual communications, concerns were forwarded to the Commission, including those regarding hand surgery, pain management and E&M codes. An updated list of revisions is still pending at the time this issue went to press.

In addition to this review and discussions, a meeting with members and staff from the Connecticut State Medical Society and Connecticut Orthopedic Society was held with Aetna - AWCA to discuss the primary role of AWCA-PPO which contracts with the Comp insurers with a fee discount. This discount is independent of any bill review-repricing-bundling that the insurer often incorporates in the reimbursement process (often another subcontractor). Attendees at the meeting asked Aetna-AWCA to be an "advocate" on these issues with the insurers Aetna contracts with and they thought there might be some ways they could help (see related story on page 8).

Members of the Society are encouraged to provide the Society with any updates on any issues you have with Aetna- AWCA or the insurers who they contract with (please take the time to review a sampling of your EOBs). Feel free to email Michael Saffir, M.D., at msaffir@osgpc.com or CSMS Executive Director, Matt Katz at mkatz@csms.org with questions or concerns.

A Tribute

Editor's Note: This was written by Noah Ripps, son of Dr. Ronald Ripps and is reprinted with permission. Dr. Ripps received the Society's highest honor, Orthopedist of the Year for 2008. It appears in this issue of Backbone in tribute to Dr. Ripps.

It's Who You Are

Noah Harrison Ripps "06-MAY-2008" Original article: <http://www.emichron.com/?p=86>

Last Friday, my dad performed the last surgery of a career that has spanned over thirty years. By my conservative guess, based on a minimum of two scheduled surgeries per week plus countless emergency room calls, his total career count would have to be somewhere in the vicinity of 5,000 operations. For the obvious reason that I have no place in an operating room, I never saw his work first hand, but I have looked over his shoulder at the never-ending x-rays of anonymous reconstructed knees, hips and hands. To me, they were bones and screws, plates and stitches. To him, they were his craft, his passion, his profound responsibility.

It is hard to understand, as a software engineer, what it means to be a surgeon. Most of the engineers I know weren't required to pour their souls into their studies in order to make it. We may have pulled the odd all-nighter, but none of us had to endure multi-year residencies with 72-hour work shifts. We rarely (if ever) have to make life-and-death decisions, much less in a split-second.

So demanding is the training to become a surgeon that for those who achieve it, being a surgeon is truly who they *are*. Not too many software engineers are software engineers the way that surgeons *are* surgeons. This makes it all the more difficult to say that it is time to stop, because what are you if you are not toiling under the responsibility that your patients have entrusted you with? What are you if you are not working with the scalpel and the volumes of experience that you have amassed?

I believe that when you retire from surgical practice, you are yet a surgeon. My dad was born a surgeon and some day he will die a surgeon. He is and has been many other things—a dad to me and my sister first and foremost—but the fire that burns in his eyes was lit for the day when he earned the right and the awesome responsibilities of surgical practice and it will never be extinguished. For the rest of his life, memories of the sleepless nights and hardest cases will stay with him along with the faces of the thousands of people who put their trust in him and were better for it.

Today, on his birthday, his office staff gave him a huge, hand-made quilt; each panel depicted a milestone from his entire medical career. A week from Friday, my dad is being honored as Surgeon of the Year by the Connecticut Orthopedic Society. After all of that, he'll be back at his office practice

and continuing his work as an independent medical examiner. Some day I imagine my dad might even decide to retire completely, but a part of his mind and his heart never will.

In my heart of hearts, one my dad's grandchildren (Linnea, Solomon, or any of the ones to follow) will discover that like their grandpa, they were born a surgeon. I certainly won't know what to do with them, but my dad will. He'll give them a piece of that fire to carry on through the long, hard hours, the many years of school and the most difficult split-second decisions.

And if all of this was no indication—I am incredibly proud to have a dad who has accomplished so much and who has helped so many people.

Orthopedist of the Year recipient, Ron Ripps, MD, celebrates the moment with his family at the Society's Annual Meeting on May 16, 2008.

Ron Ripps, MD (r), proudly shows his award for Orthopedist of the Year, presented by Robert Biondino, MD (l), Society's President.

Orthopedic Foundation Contribution

As a member of the Connecticut Orthopedic Society, your involvement and support of the Society has been instrumental in our ability to fund key education, training and research initiatives in Connecticut for future orthopedic surgeons and the practice of medicine.

Through the Connecticut Orthopedic Foundation, Inc., we continue our commitment to the training and education of orthopedic surgeons and to this end have donated \$70,000.00 over the past few years to both the Yale and University of Connecticut School of Medicine Orthopedic residency programs.

Since beginning the campaign for contributions in 2005, the following members generously answered our request to support the Foundation and the future of orthopedics by contributing over \$39,000.00, to the Foundation.

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