

# HEALTH

The Portland Observer

## Firm Helps Hospitals Make Financial Recovery

When Holly Singleton was rushed to Central Florida hospital in February with a massive heart attack, her family had no idea how she would pay the enormous medical bills. After two days of battling for life, Holly fell victim to one of the leading causes of death in this country. Before Mrs. Singleton's tragedy was over, she had run up a hospital bill of \$13,400 dollars. In addition, her doctor's tab was topping the \$4,000 mark. Her son as in desperate need assistance to pay his mother's debt.

Mrs. Singleton's son turned to the hospital for help. The hospital administrators quickly referred him to Healthcare Billing Associates, Inc. (HBA), a medical billing company located in Brooksville, Florida, which specializes in recovering medical payments.

"When my mother passed away, her death left my family with many

details to resolve," said Nicholas Singleton in a letter of gratitude to HBA. "Among these were medical bills which had been incurred and for which we had no means to pay."

When Gregory Rosas, managing partner of HBA received this case, he immediately began researching means to meet Mrs. Singleton's financial obligation. Within 30 days, Healthcare Billing Associates had collected one-third of Mrs. Singleton's bill, which was the maximum amount allowed by Medicaid.

"Mr. Rosas was able to help me and my father sort out many intricacies of the healthcare system," Mr. Singleton wrote. "His efficient solutions relieved us of great pressure at a very traumatic and painful time in our lives."

Mr. Singleton's bettersweet experience is a trademark for the team at Healthcare Billing Associates, Inc. There are numerous cases where

Rosas and his partner, LaChan Knowles, have turned unfortunate situations into comforting moments.

"Our primary goal is to help hospitals and other medical facilities collect money that is owed by former patients," said LaChan Knowles, managing partner for HBA. "Through detailed screenings and interviews, we are able to tap other resources where funds may be available to cover unpaid medical bills."

"Unfortunately, our business deals with many tragedies. We must use tact and be very delicate when dealing with our clients' families," Knowles added.

Knowles, a seven-year veteran in social services decided to try entrepreneurship with her former boss Gregory Rosas, who has been in the medical collections and receivables business for 13 years, felt that Knowles' field experience and his managerial skills would give their

newly formed company a firm foundation.

Both Knowles and Rosas left one of the leading medical billing facilities in the Eastern United States. To make their company a success, they knew there would be long and grueling days ahead. They built Healthcare Billing Associates from the ground up. They began by acquiring the latest industry software to keep accurate records. They purchased powerful computer technology.

"We knew that we were entering the arena with established companies," said Rosas. "We needed to make sure that we had the same equipment at our disposal as our competition."

Knowles and Rosas set up shop in the small, but busy town of Brooksville, Florida. They leased an eight hundred square foot office and began knocking on doors and solic-

iting business. It wasn't long before their knocks were answered.

"In our first month of billing, we collected a mere \$28,000," said Rosas. "But, in the later part of 1993 and the beginning of 1994, we collected more than half a million dollars."

Rosas claims that their success has not come easy. They have literally traveled great distances to get to where they are today. Rosas, a family man, admits that the responsibility of owning your own business can weigh heavily on a relationship.

"I travel more than 70 miles to and from my office each day," said Rosas. "The nine to five workdays no longer exists for me."

Knowles travels a greater distance. Her round trip is 86 miles each day.

"We have to go where there's business," said Knowles. "People underestimate the profits that can be

made in the smaller towns with medical facilities. Fortunately, we have been in the billing recovery business long enough to see opportunity, and be able to open the door when that opportunity knocks."

Both Knowles and Rosas know that there are many obstacles for them to overcome to sustain their business. As an African American and a Hispanic American doing business, they admit that their challenges are even greater. Knowles and Rosas feel that their ethnicity should not be a factor if a doctor or medical facility administrator is looking for a company to do quality work and get results.

"Some people may see our ethnic backgrounds as an issue," said Rosas. "But those administrators who are charged with managing a hospital's finances are smart enough to realize that the only color that matters is the green on dollar bills."

## North And NE Portland Residents To Breathe Easier!

The federal government has just concluded that nicotine is in fact addictive, while the Surgeon General has called nicotine "the most addictive substance known to man." ASPIRE Stop Smoking Program (formerly Patricia Allison's BreatheFree Stop Smoking Program) will teach a week long seminar on how to confront and control this deadly and disabling addiction. The seminar will be held August 22-26 at Emanuel Hospital (2801 N Ganntenbein) for 7-9:30, Monday through Friday. The first two classes are educational, free and

without risk or obligation!

ASPIRE has been helping area residents to stop smoking since coming to Portland in 1980 and offers one of the most comprehensive stop smoking programs available. ASPIRE is the stop smoking program for 12 medical centers in the Portland metropolitan region and has helped almost 5,000 people recover from nicotine addiction over the past 14 years!

"Without the ASPIRE program I could never have done it. I wish your program was available to everybody in the U.S. You are saving lives and restor-

ing hope". Marianne Itkin (Former 2 pack-a-day smoker)

The first two sessions are absolutely free and without risk or further obligation. The entire program including follow up services, fees and the ASPIRE guarantee is explained at the end of the first session. ASPIRE is guaranteed and costs considerably less than smoking for most smokers.

ASPIRE teaches a unique, intellectual and cognitive approach unlike any other method or program available. Interested individuals can get more information and or register by calling 243-2881.



National Medical Association (NMA) officials greet US Surgeon General Joycelyn M. Elders, M.D. (2nd from left), who was a keynote speaker at NMA's 99th Annual Convention and Scientific Assembly in Orlando, Florida. Flanking Dr. Elders are newly elected NMA President Tracy M. Walton, M.D. (left), Ezra C. Davidson, Jr. (2nd from right), Chairman of NMA Board of Trustees, and Leonard E. Lawrence, M.D. (right), immediate past president.

## National Campaign to Reduce Incidence of SIDS Launched

A coalition of Federal and private agencies is launching a national education campaign to persuade parents to put healthy babies on their back or side to sleep to help reduce the risk of Sudden Infant Death Syndrome (SIDS). Nearly 6,000 U.S. infants, more than 1 in 1,000 live births, die of SIDS each year, making it the leading cause of death among infants one month to one year of age.

The primary message of the "Back to Sleep" campaign is that healthy babies should be placed on their back or side to sleep. This includes nap times as well as nightly sleep. This recommendation was first made by the American Academy of Pediatrics in 1992. At that time, however, many experts felt that, before starting a major campaign, more information was needed to evaluate the relevance to the U.S. of observations made in other countries that have advocated back or side sleeping for infants. These countries include New Zealand, Australia, Great Britain, Norway, and the Netherlands, all of which have had decreases of 50 percent or more in the incidence of SIDS since recommending back or side sleeping for infants.

Since 1992, experts have surveyed international data and reviewed preliminary data on SIDS and sleep position in the U.S., and no adverse side effects from back or side sleeping have been found. Surgeon General M. Joycelyn Elders, a pediatrician, said at the June 21 press conference launching the campaign that "The simple act of putting a baby to sleep on its back or side provides us with the most promising intervention we have ever had to reduce the number of babies who die of SIDS in the U.S."

If you have any questions about your baby's sleep position or health, first talk to your doctor. For more information about the "Back to Sleep" campaign, call free of charge, 1-800-505-CRIB. Or you can write to: Back to Sleep, P. O. Box 29111, Washington, D.C. 20040.

## Drowning Still Leading Cause of Toddler Death

Among toddlers aged one and two years, the leading cause of unintentional injury death is drowning. And, despite the widespread availability of such prevention strategies as swimming-pool fencing, drowning rates in toddlers have changed little in 18 years, according to an NICHD-supported study.

To identify trends in childhood drowning rates in the United States from 1971-1988, investigators ana-

lyzed national mortality data and found that, in the time period studied, 45,680 children died due to unintentional, non-boat-related drowning.

Among toddlers aged 1-2, drowning rates had only a slight decline of 1.6 percent per year. In infants (<1 year old), drowning rates actually increased by 1.6 percent per year.

In older children, drowning rates

declined sharply, by 5.8 percent per year in 10-14-year-olds, and 5.4 percent in 15-19-year-olds.

Toddlers are most likely to drown in residential swimming pools, although drownings also occur in other sites, such as whirlpools, hot tubs, buckets, bathtubs, and toilets; in 1988, approximately 40 percent

of infant drownings occurred in bathtubs. One of the easiest ways to prevent toddler drownings is to ensure that pools are surrounded on all sides by a fence with a self-latching gate, said the NICHD's Ruth A. Brenner, M.D., M.P.H., the study's principal investigator. (JAMA, May 25, 1994, Vol. 271, No. 20, pp. 1606-08)

## Taxicab Board Creates Accessible Vehicles

Portland's taxicab may become the first in the nation to comply with the Americans with Disabilities Act (ADA) requirements under rules adopted by the City's Taxicab Board of Review. The Board voted unanimously to require that at least 20% of each Taxicab company's fleet be wheelchair accessible. Any Board authorization for new vehicles must be met with accessible vehicles until companies

can provide equal response times for both accessible and non-accessible service requests.

Board member Park Woodworth chaired the subcommittee that developed the regulations. He stated, "the question is really very simple: are Portland's taxicabs going to be as safe and as available for disabled customers as they are for non-disabled people? I think the answer is 'you're darn right' and the Board agreed with that answer."

## Candidates Needed For Contact Lens Studies

The Pacific University College of Optometry is in need of candidates for a variety of contact lens research studies offered at the Pacific University Family Vision Centers in downtown Portland and Forest Grove.

Candidates will help researchers evaluate a number of criteria including the fit and comfort of new types of contact lenses, new contact lens solutions, and various contact lens fitting techniques. Those who are currently wearing soft or hard contact lenses are needed as well as person who have never worn contact lenses. Candidates of all ages are needed, depending on the specific subject of each study.

Those accepted for study may receive free contact lens materials such as a pair of contact lenses and/or supplies of contact lens solutions. Subjects will be required to pay a fee covering contact lens care rendered during studies.

For more information, please call the Pacific University Portland Family Vision Center at 224-2323, Ext. 402.

## Impact of Androgenic Disorders on Women's Health Addressed

Androgenic disorders are the most common endocrine abnormality in women.

They affect an estimated 5 to 10 percent of women, but, because they are so often overlooked, their exact prevalence is unknown. To address the effects of excess androgen production on women's health, the NICHD recently held a landmark meeting, notable for being the first at which specialists from multiple disciplines met to discuss these disorders. Some of the symptoms due to excess androgen production include hirsutism (excessive hair growth); amenorrhea (absent or irregular menses); metabolic dis-

turbances, such as diabetes; infertility; acne; male-pattern baldness; upper-body obesity; and a skin disorder, called acanthosis nigricans.

These symptoms may result from any of several disorders including polycystic ovarian syndrome (PCOS), Cushing's syndrome, congenital adrenal hyperplasia, adrenal or ovarian tumors, and hyperandrogenism. Certain subsets of hyperandrogenic women (E.G., women with PCOS) may be at greater risk of diabetes, hypertension, cardiovascular problems such as atherosclero-

sis) a condition in which plaques form in the arteries, and early development of endometrial cancer.

There is also some evidence that upper-body obesity and increased testosterone secretion by the ovaries may be associated with an increased risk of breast cancer, both before and after menopause. At the NICHD conference, experts agreed that physicians need to be more aware of the signs of these common disorders, which are often subtle or disguised, so that they can offer the necessary treatment and screening to their patients.

Information on early identification of speech, language & hearing problems helps parents ensure successful development of children's social and academic lives nearly 8 million children in the U.S. have a speech, language, or hearing disorder that interferes with their ability to learn to speak, to do well in school, and to develop positive social relationships, according to the American Speech-Language-Hearing Association (ASHA). Parents are advised that early identification, evaluation, and treatment of speech, language, and hearing disorders are critical to reducing developmental delays and to expanding communication skills.

Although children's speech and language skills develop at varying

rates, parents should be concerned about speech and language skills if their child doesn't speak by the age of 1 year; if speech is not clear; or if speech or language is different from that of other children of the same age. Parents should be concerned about a child's hearing if there is no startle reaction or cry in response to noises, or if the child doesn't respond to familiar voices. Because language develops so rapidly in the first few months of life, a child can quickly fall behind academically and socially if speech and language learning is delayed or if a hearing loss goes undetected.

An evaluation of a child's speech, language, and hearing skills can be formal or informal and can include standardized

tests by a team of professionals including audiologists and speech-language pathologists; direct observations of play and interactions with caregivers; reports by parents, teachers, or physicians; or the collection and detailed analysis of spontaneous speech samples.

ASHA is the national professional, scientific, and credentialing organization for 77,000 audiologists and speech-language pathologists, the professionals who specialize in evaluating and treating speech, language, and hearing problems.

For more information on speech, language, and hearing development, or to obtain a free copy of How Does Your Child Hear and Talk? call 1-800-638-8255.