

PROPOSED RULE PR 170-171 (591-12 24065)

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W. Alva Deardorff Ltd.
RADIOLOGY SERVICES

OFFICE OF SECRETARY DOCKETING & SERVICE BRANCH

June 7, 1994

United State Nuclear Regulatory Commission Office of the Secretary Washington, DC 20555

ATTN: Docketing and Service Branch

and Office of the Controller

Dear Sirs,

In attempting to recover approximately 100% of your budget, you are driving the small operator out of business. I am a solo radiologist, board certified in Nuclear Medicine and have been performing nuclear medicine scans on my patients in my private office for many years. I do mostly bone scans on cancer patients. I do no cardiology where big fees are recovered. Medicare allows me to recover \$110.14. I charge \$278.00 for a bone scan plus \$31.00 for the isoptope dose.

I must renew my license next month. The cost of my license renewal, my NRC inspection which is due this year and my annual Materials License Assessment which is due totals about \$9000.00. I would have to do 33 bone scans to pay the Nuclear Regulatory Commission \$9000.00 which I could do and about break even if it were not for my 80% overhead. Considering my overhead, I would need to do over 100 scans per year to break even and perhaps as many as 140 exams per year considering bad debts, the cost of the isotope doses, the 2% gross receipts tax which West Virginia has just levied on all physicians...it never ends.

Our gross receipts are greater than \$250,000.00 therefore I do not qualify for the \$400.00 per license category, but with a greater than 80% overhead, we cannot afford to pay your rapidly increasing fees.

We heard on a television documentary 3 months ago that many NRC bureaucrats have nonproductive positions which is inflating the cost of administration of your agency. If that is true, perhaps that situation explains why my fees are increasing dramatically.

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I could solve my dilemma by purchasing a SPECT camera and doing Nuclear Cardiology where I can obtain large fees for my work. My patients however are mostly cancer patients who need to know whether they have cancer in their bones; a simple nulcear bone scan will suffice. The remainder of my work consists of non-nuclear radiology including mammography, ultrasound, and general radiology.

Would you have me discontinue the Nuclear Medicine service which I have been providing for many years? I need a smaller license fee in order to stay in business.

I understand that your actions were mandated by Congress. Please let me know if I should address this letter to my West Virginia congressmen instead of your agency.

Very truly yours,

W. Alva Deardorff, M.D.

Radiologist

p.s. I do very little work in hospitals these days, having been driven out of the hospitals by exclusive contracts, HMO's and Managed Care.

WAD/tr