



MCMS NEWS



www.mcmsdocs.org

Volume 29 Issue 3 Morris County Medical Society, Inc.

Summer, 2011

IN THIS ISSUE

Out-Going President's Message
Page Two

Inaugural Address
Page Three

2011 Inaugural Dinner Meeting
Page Four

Social Networks
Page Six

ICD-CM-10 Implementation
New Commissioner of Health
Page Seven

E-Prescribing
Page Eight

Termination of the Physician/
Patient Relationship, Interest
Rates, Lost or Stolen Rx
Blanks, Practice Requirements
Page Nine

In Memoriam
Page Eleven

License Renewal, CME
Reminder, Chaperons in the
Medical Office
Page Thirteen

New Members Welcomed,
Classified Ads, Federal
Legislators
Page Fifteen

Twin Membership Recruitment
Page Seventeen

SOCIETY INAUGURATES 166TH PRESIDENT

Members of the Morris County Medical Society met at The Birchwood Manor for the 2011 Annual Business Meeting and Inaugural Dinner. Dr. Guy A. Taylor was sworn in as the 167th president. Guest speaker for the evening was Dr. Martin Zanna, Acting Director, Department of Health & Senior Services, Office of Planning and Development & Acting Executive Governor's Council for Medical Research and Treatment of Autism. Other invited guests included Assembly Minority Leader Alex DeCroce, Senators Anthony Bucco and Joe Pennacchio, Assemblymen Anthony Bucco and Jay Webber, Robert J. Conroy, Esq., Michael J. Schoppmann Esq. and Lawrence Downs, Executive Director of the Medical Society of New Jersey. Several past presidents of the MCMS were also in attendance. They included Drs. Fred M. Palace, William J. Dowling, Jr., Leigh S. Ende, David L. Taylor, John S. Salaki, Dean A. Dent, Aaron H. Chevinsky, Steven A. Maser, Joel M. Gottlieb. Drs. Michael H. Bernstein, MSNJ AMA Delegate and Laurie Nahum, First District MSNJ Trustee were also in attendance. Out-going president, Dr. Richard J. Claps welcomed those in

attendance and conducted the business meeting. Dr. Aaron H. Chevinsky, chairman of the Nominating Committee was introduced and presented the 2011-2013 Nominating Committee report and ballot. The Officers and Executive Committee members were unanimously elected. Dr. Claps administered the oath of office to the Officers and Executive Committee members present. The Treasurer, Dr. Anna H. VanderSchraaf was introduced and presented the Treasurer's report and the proposed 2012 budget. The 2012 budget was approved as presented.

A moment of silence was observed for the deceased members of the MCMS. Steven I. Kern, Esq, General Counsel to the MCMS was also remembered in a special way.

Drs. Richard Kline and Fred Palace were also in attendance. Drs. Kline and Palace were 2011 recipients of the MSNJ Golden Merit Award.

Dr. Claps presented Dr. Taylor with the presidential gavel and a bouquet of roses to Mrs. Angela Taylor. Dr. Taylor then presented Dr. Claps with the presidential plaque.



Dr. Guy Taylor receives a standing ovation following his inspirational inaugural address.

MCMS NEWS

PRESIDENT
Guy A. Taylor, M.D.

MANAGING EDITOR
Andrea Donelan

The **MCMS NEWS** is published quarterly under the direction of the Executive Committee of the Morris County Medical Society.

**MCMS
EXECUTIVE COMMITTEE
2011-2013**

President	Guy A. Taylor, M.D.
President-Elect	Donald M. Chervenak, M.D.
Vice-President	Jeffrey G. Schwartz, MD.
Secretary	Robert H. Vrablik, M.D.
Treasurer	Anna H. VanderSchraaf, M.D.
Reporter	Vasilios Diamantopoulos, M.D.
Member at Large	Karen M. Brynildsen, M.D.
Member at Large	Brian S. Glatt, M.D.
Member at Large	James Hirschfeld, M.D.
Immed. Past Pres.	Richard J. Claps, M.D.
AMA Delegate	Michael Bernstein, M.D.

Fellows:

William Baldino, M.D.	Steven A. Maser, M.D.
Irvin M. Bonder, M.D.	Arnold I. Pallay, M.D.
Aaron Chevinsky, M.D.	Andreas Rotsides, M.D.
Dean A. Dent, M.D.	John S. Salaki, M.D.
William Diehl, M.D.	David L. Taylor, M.D.
William Dowling, M.D.	Jeffrey A. Wexler, M.D.
Leigh S. Ende, M.D.	Suzanne A. Widrow, M.D.
Joel M. Gottlieb, M.D.	
Stephen P. Lasser, M.D.	

Meetings of the Executive Committee are held the first Monday of each month beginning at 8:00 p.m. at the Executive Office. The general membership is encouraged to attend.

EXECUTIVE DIRECTOR

Andrea Donelan

MEMBERSHIP SECRETARY

Mary K. Carr

ADMINISTRATIVE ASSISTANT

Laurie A. Giordano

Public Line:

DOCTOR'S LINE:

FAX Line:

E-mail Address:

Web site:

(973) 539-8888

* (973) 539-8889

(973) 539-9493

mcms1816@aol.com

maryatmcms@aol.com

laurieatmcms@aol.com

www.mcmsdocs.org



OUT GOING PRESIDENT'S MESSAGE

This evening, we celebrate the inauguration of Dr. Guy Taylor as the 167th President of the Morris County Medical Society.

I welcome the members of the Morris County Medical Society, their guests, as well as our special guests: Senators Tony Bucco and Joe Pennacchio; Assemblymen Alex DeCroce, Anthony Bucco, Michael Carroll, and Jay Webber; Larry Downs Esq., recently appointed CEO of MSNJ; Dr. Martin Zanna, Department of Health and Senior Services; Michael Schoppmann and Bob Conroy, legal counsel for MCMS and partners of Kern, Augustine, Schoppmann and Conroy;

It was my honor to have served as President of the Morris County Medical Society for the past two years. I appreciate the support of my wife, Valerie, during my term, and acknowledge the dedication and advice of the members of the Executive board of MCMS. I am especially grateful to Andrea Donelan and her staff. Mary and Laurie, not only to insure the efficient daily function of our Society, but also to address the individual concerns of our members when needed.

The members of the MCMS are to be commended for their continued support which is especially important at this time. When the baton of leadership is passed, unlike a relay race, there is no end unless there is significant diminished membership and lack of younger physicians to continue our work. This applies at the County, State, and National levels. I urge you to encourage your colleagues, medical students, interns, residents and young physicians to become involved, for they represent our future.

It is with great pleasure that I present the presidential gavel to Dr. Guy Taylor, the 167th President of the MCMS.

Richard J. Claps, M.D.

President, 2009-2011



Richard J.. Claps, M.D.

The Morris County Medical Society does not endorse any company, service or entity.

* Do not give to patients, for physicians and their office staff only!!

Reprint requests should be addressed to the Managing Editor, "MCMS NEWS" and sent to the Society office.

“SKIN IN THE GAME”

The future of medicine in NJ is tied to the economic health of our state. We are fortunate that New Jersey's Governor Chris Christie is committed to getting our state's fiscal health in order and dealing with an inherited shortfall that was well into the tens of billions. No quick fixes or fiscal shenanigans, just good old-fashioned tough love with a healthy dose of decreasing entitlements and paying for things as you go rather than accruing unnecessary debt. These are the same decisions that we make in our own households and in our medical practices every day and it's refreshing to see such responsibility at the state level.

Was Health Care Reform Legislation ever really about making these same tough choices? It's hard to believe that it was, especially when we see special interests such as pharmaceuticals and the insurance industries appear to get special dispensation while we still haven't seen a permanent remedy for basics indignities like the SGR. At the end of the day it appeared to me like the patients and providers of health care where the ones left with burdens to bear, while some other stakeholders effectively got a pass. Despite that, things were steamrolling ahead and anyone who questioned it? Vilified! But then a funny thing happened on the way to the courthouse, it's as if someone tripped over a copy of the Constitution and then decided to pick it up and read it. And with that the momentum was seemingly lost.

There is no doubt that changes are needed and there is no doubt that changes are coming. However, physicians have adapted to changes before and we'll adapt again. We must not panic or succumb to fear-mongering from within or outside of our ranks. We must remain calm. At the 2011 Medical Society of New Jersey's Delegates Meeting the CEO of MSNJ, Michael Kornett, said that a bend in the road is not the end of the road unless you fail to make the turn. I couldn't agree more. Let us all agree to make that turn together, unified and with dignity!

The future market share of Accountable Care Organizations may be relegated to the same status as previously failed capitation plans that had sought to ration care. Indeed, "Change" is ever changing. This is especially true now that

the proposed regulatory language for the Medicare ACO pilot program was finally released in March. Some of you may have had the opportunity to attend the Morris County Medical Society's sponsored lecture on ACOs given in April by attorney Robert Conroy of the Healthcare Law firm Kern Augustine Conroy & Schoppmann. Speaking as an expert, he laid out his arguments why he believed that parts of the current legislation may be deemed unconstitutional and that specifically, ACOs seek to assign risks to physicians without any significant benefits.

Interestingly, the Centers for Medicare and Medicaid Services, CMS, commissioned an analysis of an ACO demonstration project which ran from 2005-2009, involving 10 large multispecialty groups. That demonstration helped reveal the problems of the ACO model for physicians. For example, none of the non-academic hospital run ACOs earned a dime in shared savings. In fact, even using a far, far more generous shared savings model than the best of what is currently proposed only half of the enrolled physician groups received any significant shared savings at all. Of that half that got anything back, the most aggressively efficient group received an average pre-tax total amount of less than \$14,000 per physician/per year in shared savings incentive payments over the course of the four year demonstration. The same research group hired by CMS to analyze this data concluded that some of those savings might have occurred even in the absence the of ACO demonstration project because of favorable cost savings strategies independently put in place by those groups before the project even started.

Even though the upcoming proposed Medicare ACO pilot program will, at most, enroll less than 10% of the eligible *Medicare* population, will maintain the fee-for-service structure and will be completely voluntary for both patients and physicians there's still a palpable concern about all of the unknowns. You may be familiar with the old investment adage, "Buy when there's blood in the streets" Well it seems the same holds true for the purchase of medical practices whenever a new acronym is coined in healthcare

reimbursement. Some of you may have had the opportunity to attend your Morris County Medical Society's dinner meeting last November where Richard Maglin, CPA, principal and senior partner of the firm Maglin, Miskiv & Associates, gave an insightful lecture entitled, "The ObamaCare Reaction – Buy, Sell, Merge?" In that lecture he chronicled the historical cycles of fear-mongering and panic-selling of medical practices dating back to the creation of Medicare in 1965 and cautioned practicing physicians against the panic-selling of their practices for cash, promises of lucrative stock or elusive profit sharing schemes by providing real world examples to illustrate that in the long run physicians usually do not come out ahead. Not even close.

I believe that practicing NJ physicians with skin in the game don't have to wait for yet another pilot program that's been rushed to market or sell away their collective futures for cents on the dollar in order to feel secure about change. We can take measures to bend the health care spending curve now while still maintaining the sanctity of the patient-physician relationship and maintaining controlling ownership of our practices. If you're overwhelmed by the prospect of investing in things like electronic medical records or health information technology as a small group, then consider that many physician leaders advocate horizontal alignments that take advantage of economies of scale. This has been done by physician groups such as Emergency Medical Associates headquartered in Livingston. EMA is a privately held, physician owned partnership that treats over 1 million patients annually all around the state. There's also the Parsippany headquartered Lifeline Medical Associates which is a fully integrated group of obstetricians and gynecologists who merged under one tax I.D. number but maintain separate care centers. Serving hundreds of thousands of patients, Lifeline's organizational structure is 100% physician owned and governed. There are many more examples of established and blossoming horizontal alignments across the state. In addition, they're examples of large 100% physician

Continued on Page Four

ANNUAL INAUGURAL DINNER MEETING JUNE 3, 2011



*Drs. Isaac Spiteri, Matthew Chow, Thomas McDonnell
and Dale Cohen*



*Mrs. Alicia Stennett, Drs. Louise T. Barbieri
and Richard A. Stennett*



*Senator Anthony Bucco, Andrea Donelan and
Dr. Anna H. VanderSchraaf*



Dr. Alan Crosta, Mr. John Pucci and Dr. Kasey Regan



*Mrs. Amy Bucco and Assemblyman Anthony Bucco
and Assemblyman Jay Webber*



Dr. Fred M. Palace, Bonnie Coletti and Dr. Steven A. Maser

PRESIDENTIAL INAUGURAL ADDRESS

Continued from Page Three

owned multispecialty practices throughout the state that are thriving. These are just a few local examples of physician ownership and physician control on a larger scale that may allow more cost-efficient acquisition of tools like electronic medical records and health information technology. Those tools may be desirable in generating the data that may be required to satisfy future requirements for pay for performance type initiatives like Physician Quality Reporting (PQR). Of course, solo practitioners and small groups will likely remain the most common practice model in NJ, are possibly the preferred choice of many patients and certainly provide outstanding care. There are also instances where vertical alignments or integration with hospitals systems can be mutually beneficial. That said, 100% physician owned alignments may be an option worth considering for some groups that wish to benefit from economies of scale while still maintaining controlling ownership of their practices. I want to stress that the paradigms have shifted. Your fellow physicians' groups are no longer your competition. Your fellow physicians are not the ones eating your lunch. Your fellow physicians are not the ones moving your cheese. In the words of Benjamin Franklin at the signing of the Declaration of Independence in 1776, "We must hang together, or assuredly we shall all hang separately."

Whether in solo, small or large groups, primary care physicians and subspecialists share the same reality regarding non-physicians scope of practice and any resultant potential patient safety issues. Non-physician health care providers are an integral, invaluable and irreplaceable part of the team, but for safety's sake the Morris County Medical Society and Medical Society of New Jersey will continue to advocate that a prerequisite for practicing medicine in the state of New Jersey is actually graduating from medical/osteopathic school. Understand that, from a patient's perspective, the alphabet soup of credentials displayed by some non-physician providers is often confusing. As such, I urge you to display your credentials for your patients to see. In fact, the state

of Pennsylvania recently passed a law requiring all health care professionals to wear photo identification with their credentials and job title. Patients are entitled to be able to easily identify the physicians in the crowd.

How about waste, fraud and abuse? When I first heard the term I thought that it referred to the antics of third-party payers who waste our office staff's time, fraudulently hold onto what we have earned and abuse physicians on daily basis. I hope that some of you were able to attend your Morris County Medical Society's sponsored talk last year entitled: "The Government's New Role in Healthcare-Understanding RAC Audits, Fraud and Abuse Threats". This timely lecture was given by attorney Michael Schoppmann. As you know Recovery Audit Contractors are hired by CMS to identify alleged overpayment to providers and those hired contractors actually collect a contingency fee based on what they recover. Of course we all want to stamp out true waste, true fraud and true abuse but simple coding disagreements should not result in punitive, predatory charges of fraud. Be aware that your county and state medical societies have access to resources that can help your practice avoid the potentially devastating impact of retrospective RAC audits or audits by other third party payers.

How about liability? Every day physicians involved in clinical care incur liability in the course of helping heal our patients. Every day we run the risk of being held responsible for poor outcomes even when we've adhered to the standards of care and practiced evidence-based medicine. It's not simply about the expense of one's malpractice policy. Regardless of who pays your policy's premium, it's still your reputation, your stress to bear, your name posted on the internet and your family life that is impacted by increasingly frivolous litigation. Moreover, according to the Harvard Business Review, of the billions of dollars that doctors and hospitals pay annually for malpractice insurance, less than 30% goes to patients or their families. Even worse, the threat of malpractice suits creates incentives for physicians to over-test, over-treat and over-refer patients. Clearly this runs counter to our objective of bending the health care cost curve. There can be no meaningful, credible discussion of health care reform without

changing the standards by which medical malpractice litigation pays out and acknowledging that defensive medicine contributes billions of dollars annually to the cost of providing medical care. It is encouraging to see federal tort reform legislation such as H.R. 5, introduced this year by Representative Phil Gingrey (R-GA), a physician, at least being discussed on the national stage. Eventually, New Jersey must have meaningful tort reform in order to maximally bend the health care cost curve.

Finally, while membership in our respective subspecialty professional societies is important, I would encourage every current member of the Morris County Medical Society to recruit at least one new member to our society over the next year. It is critical that non-subspecialty state and county medical societies continue to thrive and advocate on issues related to patient care, patient safety and the rights of practicing physicians. Always remember that when lobbying for an issue that directly affects a particular subspecialty, your county and state societies may have far more credibility at the state and judicial level because their advocacy appears far less self-serving. For example, while it may compel some lawmakers to learn that a particular subspecialty society thinks that certain proposed regulations that directly affect that subspecialty are egregious, it may compel even more lawmakers and judges to learn that most ALL NJ physicians think that what's proposed is simply ridiculous or unsafe. All politics is local and if you're in medicine then you're in politics. Let us all take ownership of keeping our medical society strong by actively recruiting new members every year.

And so, from patient safety and scope of practice concerns to tort reform and charity care, the members of the Morris County Medical Society are not content to merely kick the can down the road. Whether you are a physician in private practice or a hospital employed physician, we've got "skin in the game." Our patients also have "skin in the game" and with the help of MSNJ we will collectively resist attempts to exploit our members and will fight for the preservation of the patient-physician relationship that keeps our patients safe!

Continued on Page Seven

PHYSICIANS, PRACTICES AND SOCIAL NETWORKS, GAUGING THE RISKS

As physicians react to the growing market pressures to grow and/or maintain their patient populations, many are embarking upon an entry into the world of social networks. While such environments may hold great reward for many businesses, they also hold many concerns and risks unique to physicians and their medical practices.

A "Social Network" is defined by dictionary.com as an online service, platform or site wherein "family, friends and their families, that together create an interconnected system through which alliances are formed, help is obtained, information is transmitted, and strings are pulled. In an organizational setting, it usually constitutes the group of one's peers, seniors, and subordinates who provide information on how to get things done, how the power structure operates, and who holds the strings"

The number of social networks continues to grow exponentially every day and a social network heavily favored one moment may quickly find itself an afterthought or viewed as outdated the next moment. Examples of social networks are



illustrated in the chart below:

Seemingly attractive, an increasing number of physicians interacting within social media are creating some notable, and dire, consequences. As exposed by the *Journal of the American Medical Association*, a large number of medical students have admitted to using the forums inappropriately to discuss individual patients. Other recent incidents have involved a physician's office staff posting entries on Facebook and/or Twitter complaining about "difficult" patients and in one case, a Boston pediatrician who blogged throughout his malpractice trial.

Before any physician contemplates

their entry into this new, ever evolving environment, they should consider certain preemptive risk management factors before doing so, such as:

- Is the practice prepared to devote ongoing time and capital to this environment?
- Is the practice prepared to vigorously monitor the information posted in response?
- Is the practice committed to routinely updating the information posted?

Absent positive responses to the above noted factors, physicians and medical practices would be better served to withhold their entry in the realm of social media until such time as they are prepared to provide a strong commitment to the demands of social networking. Absent such a commitment, a partial or half-hearted effort will only leave the practice exposed to not only potential liabilities but adverse internet "standing".

If the practice or physician decides to engage in social networking, a large degree of advance planning and the assigning of structural responsibilities must be considered, such as:

- Who creates the data to be entered?
- Who physically (and routinely) enters the data within the network (and updates the data)?
- How often is the data reviewed and authorized by the physicians of the practice?

Regarding the actual data posted within a social network itself, physicians and practices must also be mindful of standards and/or codes of conduct they are bound to abide by – not only those required by the social network itself, but also those required exclusively of physicians. Issues such as patient confidentiality under state and federal law (HIPAA), conduct requirements under state licensing requirements (boundary violations), contractual terms under payor (both public and private) and the general obligations of law (i.e., prohibiting defamation, libel, etc.) all dictate that great care be taken, especially for physicians and medical practices, as to the actual content within a social network and vigilant

scrutiny over the ever changing/updating data.

For even those practices which might decline to pursue efforts within social media, caution should be held over the activities of employees of the practice. Use of personal e-mail accounts while working should be strictly curtailed due to the growing number of unintentional and intentional violations of patient-privacy laws. Moreover, many disgruntled former employees use social networking sites to disparage the practice and/or solicit present employees to join pending workplace claims. Moreover, an increasing number of work-place claims (i.e., harassment, stalking, cyber-bullying, discrimination, hostile work environment, etc.) are originating from social media (Facebook, etc) interactions between employees. To risk management such threats, every medical practice should develop, adopt and issue a written set of detailed policies addressing these issues and prohibiting the crossover of their role (and responsibilities) as employees and social networking. Such policies should be reviewed directly with all practice staff, updated routinely and acknowledged in writing, by every member of the practice.

In conclusion, while not prohibited directly by and law or regulation, any environment which holds unknown risks and is ever changing at a breathless pace, should be disquieting to physicians and medical practices alike. Unlike other forms of business, the practice of medicine carries an extremely onerous degree of oversight and an increasingly powerful body of restrictions. As a result, the best risk management tool for medicine may well be to simply not enter the world of social media until society sets the permissible boundaries to do so.

Michael J. Schoppmann, Esq.
Kern Augustine Conroy & Schoppmann, P.C.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.drllaw.com has offices in New Jersey, New York, Pennsylvania and Illinois. The firm's practice is solely devoted to the representation of health care professionals. Mr. Schoppmann may be contacted at 1-800-445-0954 or via email - schoppmann@drllaw.com

ICD-CM-10 IMPLEMENTATION : A RECIPE FOR SUCCESS

Abraham Lincoln was quoted as saying "Determine that the thing can and shall be done, and then we shall find the way." The "thing" (ICD10) is soon to be a reality and the implementation date of October 1, 2013 is standing firm. Decide now to make this challenge a pleasant experience and form a team with a positive outlook. Remember the attitude we display will set the tone for those around us. The choice to be proactive or reactive lies within us and is within our control.

For many, eating is a pleasant experience. If we attempt this implementation the way we would go about preparing a favored tried and true recipe there can be no other outcome except success! And who doesn't love good food?

The First Step is to make decisions about who will do the cooking. In this case that will include the following:

Cook #1 - the person who will be responsible for overseeing the implementation

Cook #2 - the person who will have the final decision making authority, and,

Cook #3 - the vendor you will use.

Step 2 is to put on your apron and protect your clothing. In this instance you need to protect your practice and your income, so you will need to:

Hire the right consultant to assist with the implementation planning.

Once these key positions have been filled, you are ready to move on to Step 3. As with many things in life, the right understanding and the right tools make the tasks at hand run smoothly. Now you can read through the recipe and take the following measures:

- Organize the ingredients in the right order by developing an SOW (Scope of Work).
- Establish a written and oral Communication Plan so all the cooks understand the recipe.
- Remember we measure twice and pour once, so - review all the government requirements and understand the systems that will be affected.
- Write a budget to know how much it will cost to prepare your recipe. Don't forget software, hardware, and training.
- Determine how long it will take to complete the recipe and establish a timeline for the implementation.
- Modify any ingredients that you want to change to customize the recipe. In this case that includes upgrades, new hardware, payer contracts, claims transmissions, etc.
- Develop a Training Plan to share your recipe. Don't forget the physicians, administration, clinicians, coders and billers.

In order to be sure you are ready to "go live" with your masterpiece, perform a final gap analysis to catch any anticipated errors. In this case that includes measuring productivity, re-evaluating documentation, performing internal testing, and providing additional education, if needed.

Mix all ingredients together, keep a close eye on the time involved, and cook. Remember to perform internal and external audits under the guidance of certified CPC's and CPMA's, provide necessary retraining, and monitor your results.

I hope your recipe turns out perfect and you are able to "Experience Success!"

**Bevelyjean Jenkins, CMM, CPM,
CPM-HRS, COM, CPC, CPM-MCS,
CPMA**

**Vice-President, Healthcare
Operations
Health Informatics Consulting, LLC
(609) 925-9008
FAX: (609) 925-9018**

INAUGURAL ADDRESS

Continued From Page Five

I would like to extend my heartfelt thanks to the Morris County Medical Society Executive Members, our Executive Director Andrea Donelan and her staff, Mary Carr and Laurie Giordano.

And last but certainly not least, I would also like to thank for my wife Angela for her unwavering support and for constantly reminding me to treat every day at work with the same enthusiasm and optimism as I did on the very first day of my career. I'd also like to thank my children Evan, Lauren and Olivia for teaching me about the true joys of life and for inspiring me to think about the how decisions I make today will impact the next generation of physicians. Thank you!

**Guy A. Taylor, M.D.
President, 2011-2013**



Dr. Guy A. Taylor & Family
Front Row: Guy, Olivia & Angela
Back Row: Evan, Lauren

NEW COMMISSIONER OF HEALTH & SENIOR SERVICES

Congratulations Mary O'Dowd on her confirmation as Commissioner of Health & Senior Services. Commissioner O'Dowd previously served as Chief of Staff for the Department from January 2008 to March 2010. In this role she shaped the Department's policy in the areas of health care delivery, senior services, public health and emergency preparedness. Additionally, Commissioner O'Dowd worked as a Legislative Aide and as Assistant Vice-President of Legislation and Policy with the New Jersey Hospital Association.

E-PRESCRIBING CMS TO MODIFY E-PRESCRIBING PENALTY PROGRAM

Under the CMS e-Prescribing rule, physicians must issue at least ten (10) electronic prescriptions by June 30 to avoid an e-Prescribing penalty that amounts to a 1% reduction from their total Medicare Part B allowable charges for 2012.

The AMA pressured CMS to make changes to the program, including the creation of additional exemption opportunities so that physicians who would have difficulty complying with the prescribing requirements quickly would not be penalized unfairly.

On May 26, CMS released a proposed rule that would allow physicians, if they qualify, to apply for one of several new ePrescribing penalty exemptions through a Web-based portal that is under construction. Physicians will have to apply for an exemption by October 1 to avoid the penalty.

Physicians are still required to ePrescribe using a qualifying system and report the G8553 code on at least ten (10) Medicare Part B claims from Jan 1 through June 30, 2011 to avoid the 2012 penalty. However, physicians who find it difficult to meet the 10 e-script requirement can apply for one of the following exemption categories by October 1, 2011. The exemptions are:

- The practice is located in a rural area without high-speed internet access;
- The practice is located in an area without sufficient available pharmacies for e-

Prescribing;

- They are registered to participate in the Medicare or Medicaid Electronic Health Record Incentive Program and have adopted certified Electronic Health Record technology;
- They are unable to electronically prescribe due to local, state or federal law or regulation (such as prescribing controlled substances);
- They prescribe infrequently (for example, they prescribed fewer than ten (10) prescriptions between January 1 and June 30);
- There are insufficient opportunities to report the ePrescribing measure due to program limitations (for example, a ePrescribes but not on the date of patient encounter in accordance with the program requirements).

As soon as CME finalizes its changes to the ePrescribing penalty program this summer the information will be disseminated to the membership.

For group practices that are participating in eRx group practice reporting option (GPRO) I or GPROII during 2011, the group practice MUST become a successful e-prescriber. Depending on the group's size, the group practice must report the eRX measure for 75-2,500 unique eRx events for patients in the denominator of the measure.

For additional information, please visit the "How To Get Started" webpage on the CMS website for more information or download the Medicare's Practical Guide to Electronic Prescribing.

NEW JERSEY PHYSICIAN PETER W. CARMEL, M.D. INAUGURATED AS AMA PRESIDENT

Congratulations to Dr. Peter W. Carmel, a member of the Medical Society of New Jersey and the Essex County Medical Society who was inaugurated as the 166th President of the American Medical Association in Chicago on June 21, 2011.

Dr. Carmel is a practicing pediatric neurosurgeon at the University Hospital in Newark. He was born in Brooklyn, New York and completed his medical training at the New York University School of Medicine and was research associate at the National Institutes of Health. Dr. Carmel completed his residency in neurosurgery at the Neurological Institute of New York. He obtained his doctorate in neuroanatomy from Columbia University College of Physicians and Surgeons. Dr. Carmel is the first neurosurgeon to be elected AMA president.

Dr. Carmel and his wife, Jacqueline Bello, M.D., a neuroradiologist reside in Manhattan. Dr. Carmel has three sons.



**Peter W. Carmel, M.D.
AMA PRESIDENT**

TERMINATION OF THE PHYSICIAN/PATIENT RELATIONSHIP

NJAC 13:35-6.22 requires that physicians notify patients in writing of termination of care no less than thirty days prior to the date of termination. The notification is to be mailed certified mail, return receipt to the last known address of the patient. Physicians are required to provide all necessary emergency care and services including prescriptions.

Physicians are not required to comply with the requirements if the physician/patient relationship has been terminated by the patient or if the physician has discontinued providing services to a particular managed care carrier or HMO in which the patient is enrolled.

Copies of the regulations can be obtained by calling the Society office, (973) 539-8889.

INTEREST RATES ON DELINQUENT ACCOUNTS

Opinion #14 of the Judicial Council of the Medical Society of New Jersey states "physicians who experience problems with delinquent accounts may choose to add interest or other reasonable billing charges to delinquent accounts. The patient must be notified in advance of the interest or service charges by means of posting a notice in the waiting room, the distribution of leaflets in the office, and appropriate notations on billing statements".

Patients must be clearly notified and **agree in advance**, before any services are rendered, to pay a rate such as those charged by credit card companies (1.5% per month) in order to do so. For patients who have not agreed in advance to a particular service charge, the interest is limited to the rate applicable to judgments by the Rule of Court. The **Rule of Court rate for 2011 is .5% per year.**

LOST OR STOLEN PRESCRIPTION BLANKS

If your prescription blanks are lost or stolen you MUST report it to the New Jersey Prescription Blank Unit (NJPB) within 72 hours. The NJPB can be reached at (973) 504-6558. A NJPH Incident Report must also be completed and mailed within seven (7) days. The form should be mailed to the Office of Drug Control. The NJPB form can be obtained by calling the Society office.

MEDAC

MedAC is the political arm of the Medical Society of New Jersey. MedAC advocates on behalf of physicians on issues that directly effect them. We need your help to maintain medicine's power at the healthcare bargaining table. Monies donated to MedAC are used for state legislators.

Please consider making a contribution to MedAC and be part of the solution. MedAC contributions (\$150) can be written on either a corporate or personal check. A donation in the amount of \$1,000 is required to be included in the Capital Club. Checks should be made payable to MedAC and mailed to **the Society office, 52 Elm Street, Morristown, NJ 07960.**



REMINDER

The following certificates are required to practice medicine in New Jersey.

NJ State Board of Medical Examiners

Mr. William Roeder

Executive Director

P.O. Box 183

Trenton, NJ 08625-0183

(609) 826-7100

CDS Registration

Susan Gartland

Chief Drug Control

Department of Law & Public
Safety

P.O. Box 45022

124 Halsey Street, 7th Floor

Newark, NJ 07101

(973) 504-6545

County Clerk Registration Certificate

NJ SBME regulation 45:9.17 requires that you register your license with the County Clerk in the County in which you reside.

Morris County Clerk

(973) 285-6120

Drug Enforcement Administration

Donna Deans

Christine Hayes

80 Mulberry Street

Newark, NJ 07102

(800) 882-9539

www.deadiversion.usdoj.gov

“DOCTOR, There's Someone Here From The Government
Who Wants To See Our Records.”



**NOW AVAILABLE
TO ALL PHYSICIANS
IN NEW JERSEY**

Is A Government Inquiry In Your Future? With disciplinary actions on the rise and inquiries increasing, it is more important than ever to have legal representation. That is why Kern Augustine offers the Physician Advocacy Program® – a powerful legal defense program designed to protect you. For a modest annual fee, you will have the firm of Kern Augustine with you from the moment an inquiry begins. You will also enjoy the peace of mind that comes from knowing Kern Augustine's years of experience and widely-respected legal reputation is at work for you and the practice you have worked so hard to build. For more information, or to join the Physician Advocacy Program®, call now.

**Kern Augustine Conroy
& Schoppmann, P.C.**

"Attorneys to Health Professionals"
www.drlaw.com

To put The Physician Advocacy Program® at your side please call **1•800•445•0954**

IN MEMORIAM

George S. Lassiter, M.D.
1934-2011

James E. Thompson, M.D.
1921-2011



Who's Managing Your Billing? Would You Like to Increase Cash Flow?

While You Focus On Patients...We Focus On You!

15 Years Experience
Morris County Based
Performance Guarantee
References Available

Medworks Management is a local medical billing service dedicated to helping practices become more efficient, increase cash flow, and decrease days in AR.

Medworks Management

*Call us at 973.543.8600
for a free consultation.*

Email: fvigilante@medworksinc.com - Fax: 973.543.6495
www.medworksinc.com

DO WE HAVE YOUR CORRECT ADDRESS?

Have you moved recently? Are we sending your mail to the correct address? Do we have your correct telephone number? Do we have your e-mail address? Please notify the Society office of any changes in your address, telephone number, fax number and e-mail address.

MCMS WEB SITE

The Morris County Medical Society web site can be found at "www.mcmsdocs.org". Members can access the members only section by using their last name (lower case letters) as username and the NJ license number (including the MA or MB) number as the password.

SAVE THE DATE!! SPECIALTY SOCIETY MEETINGS

**New Jersey Chapter,
American Colleges of
Surgeons**

Wednesday, September 21:
Council Meeting and dinner. The Prospect House, Princeton University, Princeton, NJ.

Saturday, December 3:
Annual Clinical Symposium. Renaissance Hotel & Conference Center, Iselin.

7.5 AMA PRA Category 1 credits. For additional information, please call (973) 539-4000.



B & W PRINTING COMPANY, INC.

**New Jersey
Prescription Blanks**

Authorized vendor for NJ Prescription blanks. Same or next day emergency service for one part prescription forms (may require customer pickup). Quantities as small as 500. Prices starting at \$40. **Contact Dean Russamano at (908) 477-9294 or E-mail at: russa321@verizon.net.**



*Nixon is proud to support
The Morris County Medical Society*



UNIFORM SERVICE & MEDICAL WEAR

The Market Leader in Medical Wear & Linen Service



**Convenient • Patient Preferred
Cost-effective • Compliant • Eco-friendly**

“There is a Better Way.”

Contact Nixon today!

1-866-300-5608

www.nixonmedical.com

CASA

A POWERFUL VOICE IN A CHILD'S LIFE

CASA of Morris and Sussex Counties is a 501c(3) not for Profit Corporation and is a member of the National Court Appointed Advocates Association. The mission of CASA is to help ensure that all abused, neglected and abandoned children are placed in permanent and secure homes. The staff trains, supports and supervises volunteers who facilitate and monitor the services of these children on a one-to-one basis. This organization relies on donations and grants to offset expenses. Help them out anyway you can.

For more information, call (973) 656-4330.



CME REMINDER

Upon renewal of licensure in New Jersey, one hundred (100) hours of CME are required. Forty of the credits must be in Category I.

The Medical Society of New Jersey offers the Physician's Recognition Award to all physician members free of charge. To obtain the MSNJ PRA, one hundred and fifty hours of Continuing Medical Education credits over a three year period are required. Should you need the Physicians Recognition Award application, please call the office.

CHAPERONS IN THE MEDICAL OFFICE

NJAC 13:35-6.23 requires that in all office settings, physicians must provide notice to their patients of the right to have a chaperone present under the following circumstances: 1) during breast and pelvic examinations of women; and 2) during genitalia and rectal examinations of both men and women.

The notice should be either provided in written form to the patient or by conspicuously posting a notice in a manner in which patients who are to be examined are made aware of the right to request a chaperone and to decline care if a chaperone acceptable to the patient is not available. A physician is not obligated to provide further care for the immediate medical problem presented if the patient does not find the chaperone acceptable. A physician is not obligated to provide further care for the immediate medical problem if the patient refuses to have a chaperone present and the physician wants to have a chaperone present during the examination.

NEW JERSEY LICENSE RENEWAL

License renewals for all New Jersey have been mailed by the New Jersey Division of Consumer Affairs. Your current license expired on June 30, therefore if you have not already done so, you must renew your license now. The easiest way to renew is on line. If you are experiencing difficulty with the renewal process please call the Society office.

KEEP YOUR OLD MEDICAL LIABILITY POLICIES

When you transfer your medical liability coverage from one company to another, do not throw out the old policy. The policy in effect at the time of the treatment is the policy under which you are insured even if the suit is filed years later. All policies should be kept in a safe place and easily recoverable should the unfortunate occur and a suit is filed against you.



DONATIONS OF UN-USED MEDICAL SUPPLIES

REMEDY is an organization that provides un-used medical supplies to hospitals in remote locations.

REMEDY has recently launched a web site that links specific medical supplies with clinics worldwide. The service is called Med-Eq and arranges for new or older medical supplies and or equipment to be shipped to clinics in developing counties, such as Albania, Columbia, Nicaragua, Turkey and Vietnam.

REMEDY can be contacted at (203) 737-5356, (203) 785-6750 or via e-mail medeq@yale.edu. FAX: (203) 785-5241. The web site is: www.remedyinc.org



Memorial Radiology Associates of Parsippany

10 Lanidex Plaza West

Suite 125

Parsippany, NJ 07054

Phone: (973)503-5700

Fax: (973)386-5701

Website: www.memradiology.com

State-of-the-art GE equipment linked to the AHS PACS.

Our warm, caring and professional staff will put your patient at ease and we will ensure that the ordering physician can expect accurate results with rapid turnaround .

Services Offered

MRI/MRA

MRI Breast

MRI Indirect Arthrography

CT/CTA

CT Enterography

X-ray

Ultrasound

Bone densitometry (DEXA)

Handicap Accessible

Most Major Insurance Accepted

**Board Certified Radiologists
Affiliated with Morris Imaging Associates**

**Sean K. Calhoun, DO · Jean Young Chung, MD · Mark Cosentino, MD · Paul Friedman, DO
Hal Ginsberg, MD · Michael Kozaczek, MD · Denise McCarthy, MD · Christine M. Menendez, MD
Robyn Murphy, MD · Angela Parisi, MD · Jose C. Rios, MD · James Rubenstein, MD
Milan Sheth, MD · Lawrence C. Swayne, MD · Peter J. Wynne, MD · Thaddeus Yablonsky, MD**

CLASSIFIED ADS

SPACE AVAILABLE: Morris County bright, sunny handicapped accessible, ample parking Convenient to major hospitals and highways. Pictures at www.elliottagrossman.com. Fully outfitted, ready to go. A seamless way to expand your practice. Flexible hours available. The amount of space and rate negotiable. **Contact (201) 259-8335.**

CEDAR KNOLLS—Medical Building for sale or lease. Unit sizes starting at 3,000 S.F. to 25,000 S.F. **Please contact Jay at J. Graham Realty, LLC at (973) 540-1232.**

MORRISTOWN Medical Building For Sale. 1,000 S.F., two examination rooms, two privates offices, reception room, waiting room, large storage room in basement, on-site parking, close to the hospital. **Please contact Jay at J. Graham Realty, LLC at (973) 540-1232.**

**NOTARY
SERVICES
AVAILABLE AT THE
EXECUTIVE
OFFICE
(973) 539-8889**

WELCOME NEW MEMBERS

The Morris County Medical Society welcomes the following new members. The asterisk indicates Board Certification.

**DOREEN DEGRAFF, M.D.
OBSTETRICS & GYNECOLOGY ***
776 Northfield Avenue
West Orange, NJ 07052
(973) 731-7707

M.D., 1988, University of Medicine and Dentistry of New Jersey, New Jersey Medical School, Newark, NJ. Residency training: St. Barnabas Medical Center, Livingston, New Jersey.

**SILVANA GAUDINO, M.D.
OBSTETRICS & GYNECOLOGY ***
127 Pine Street
Montclair, NJ 07042
(973) 707-2122

M.D., 1983, State University of New York Upstate Medical School, Syracuse, New York. Residency training: St. Luke's Roosevelt Medical Center, New York, New York.

PHYSICIANS WANTED

Full or part time. Immediate openings, weekends available. Concentra Medical Services with offices throughout New Jersey. **Please contact Anthony Tarasenko, M.D., Medical Director at (908) 757-1424 or fax CV to: (908) 757-5678.**

PAAD LIMITS

The 2011 Pharmaceutical Assistance for the Aged and Disabled (PAAD) income limits as of January 1, 2011 are:

* Single: \$24,432.00

* Married Couples : \$29,956.00

Patients can obtain an application for the PAAD program by **calling, 800-792-9745.**

FEDERAL LEGISLATORS

Congressman Rodney Frelinghuysen
30 Schuyler Place, 2nd Floor
Morristown, NJ 07960
(973) 984-0711
FAX: (973) 292-1569
DC office: (202) 225-5034
E-mail:
rodney.frelinghuysen@mail.house.gov

Senator Frank Lautenberg
One Gateway Center, 23rd Floor
Newark, NJ 07102
(973) 639-8700
DC office: (202) 224-3224
FAX: (973) 639-8723
E-mail: visit the following
to send e-mail:
www.lautenberg.senate.gov

Senator Robert Menendez
One Gateway Center, Suite 1100
Newark, NJ 07102-5257
(973) 645-3030
FAX: (973) 645-0502
DC office: (202) 224-4744
E-mail visit the following
to send e-mail
www.menendez.senate.gov

If you do not live in the 11th Congressional District, please call the Society office for the name and contact information for your Congressman.

If you would like a list of the Morris County legislators, please call the Society office.



2 Princess Road, Lawrenceville, NJ 08648
 PHONE: 609.896.1766 ext. 261; E-MAIL: aclarke@msnj.org
 for more information please visit www.msnj.org

2011 MEMBERSHIP FORM

Participation Levels:
(Please check one)

<input type="checkbox"/>	President's Club	\$5,000.00
<input type="checkbox"/>	Capitol Club Elite	\$2,500.00
<input type="checkbox"/>	Capitol Club Executive	\$1,750.00
<input type="checkbox"/>	Capitol Club	\$1,000.00
<input type="checkbox"/>	500 Club	\$500.00
<input type="checkbox"/>	Legislative Club	\$250.00
<input type="checkbox"/>	Other Amount	_____

I'd like to contribute to MedAC with a personal or corporate check (circle one):

Please make your **CORPORATE OR PERSONAL CHECK** payable to MedAC and send to MedAC,
 2 Princess Road, Lawrenceville, NJ 08648.

I'd like to contribute to MedAC using a CREDIT CARD:

I'd like to pay my membership dues by credit card (please circle corporate or personal):

Please fill in the amount paid: _____

Name (Please Print): _____

Card type: ☐ VISA ☐ MasterCard ☐ AMEX Card #: _____

Expiration Date: _____ Cardholders Signature: _____

Alternate Payment Option for credit card payments only:

☐ Bill my credit card in equal installments for the remainder of 2011 _____
 (initial here)

The New Jersey Election Law Enforcement Commission requires us to collect and report the name, mailing address, occupation, and name of employer of contributors whose contributions exceed \$300 in a calendar year.

Name: _____

Mailing Address: _____

Phone (work): _____ Fax (work): _____

Occupation: _____

Employer: _____

Work Address: _____

Street Address

City

State

ZIP

If you are sending a check from a partnership entity or from a limited liability entity, please provide written instructions concerning the allocation of the contribution amount to a contributing partner(s) or member(s); a signed acknowledgment of the contribution from each contributing partner or member who has not signed the contribution check or other written instrument; and, contributor information for each contributing partner or member. One hundred dollars of each contribution exceeding \$200.00 will be forwarded to AMPAC for use in federal elections.

Contributions to MedAC/AMPAC are not deductible as charitable contributions for federal income tax purposes. Funds from corporations given to AMPAC will be used for political education activities where allowed. Contributions are not limited to suggested amounts. Neither the MSNJ nor the AMA will favor or disadvantage anyone based upon the amounts of or failure to make PAC contributions. Voluntary political contributions are subject to limitations of FEC regulations Section 110.1, 110.2 and 110.5 (Federal regulations require this notice)

MEDICAL SOCIETY TWIN MEMBERSHIP RECRUITMENT

The Medical Society is the primary spokesperson for organized medicine and **we need you**. We appreciate your continued membership in the Morris County Medical Society and the Medical Society of New Jersey.

Times have never been more difficult for physicians in New Jersey. We face challenges at every turn. The only way we will be able to successfully battle those challenges is to maintain a unified organization. There is strength in numbers.

Do you know a colleague that isn't a member? The MSNJ/MCMS Twin Membership is a new program that offers potential members the opportunity to split their dues in half by finding another physician to join with them. Existing members can also benefit from this program if they recruit a new member. Each physician pays half dues. A membership application can be found on page 19, by calling the office or on the MCMS web site, "www.mcmsdocs.org". Make sure you indicate the twin member on the application.

Dues for 2011 for the twin program are \$577.50 per member, that is less than \$2 per day. Credit card payments are accepted.



"HEALERS & HEROS" 2H PROGRAM

The 2H program has been established for physicians interested in assisting service members and veterans obtain necessary, timely and proper medical care. Through this program, service members will be linked to volunteer physicians promoting an open dialogue in which to discuss health-related matters confidentially. This consultation can be held at MSNJ headquarters in Lawrenceville or in the physician's office.

For the first year of implementation, the 2H program will only be available to service members of the New Jersey National Guard who have been deployed in the last 18-months. Plans to expand the program in the future to include more service members in New Jersey are being addressed at this time.

MSNJ is recruiting physicians with military experience to participate in the 2H program, developing a voluntary support panel for the New Jersey National Guard population.

Materials detailing the program will be distributed by DMAVA throughout its statewide network and by accessing its website at:

www.njhealersandheroes.com.

For more information about the 2H program, kindly contact Dan Klim at (609) 896-1766 x203.

ARE YOU A TRICARE AUTHORIZED PHYSICIAN?

Are you an authorized Tricare physician?? Picatinny Arsenal is in Morris County and employs many civilian employees. Those employees are covered by Tricare and have been calling the Society office requesting a referral to a Tricare authorized physician. **You DO NOT** have to participate in the Tricare program to be an authorized Tricare provider. There are forms to complete for individual physicians and physician group practices. The forms are available from the Society office, by calling Tricare or on the Tricare web site. The web site is: www.mytricare.com. Click on provider forms on the right side of the page and select the forms that pertain to your practice. The telephone number for Tricare is **(877) 874-2273**.

As previously stated, you **ARE NOT** required to participate in Tricare. However, physicians **must be Tricare authorized in order for the patient to be reimbursed for medical services**. The forms are easy to complete and shouldn't be time consuming. Why not consider becoming a Tricare authorized physician?

Please call the Society if you should have any questions.



The Kirwan Companies Advisory, Inc.

Registered Investment Advisor

Serving the Professional and Business Community Since 1985

Employee Benefits and Portfolio Management

MICHAEL G. KIRWAN, ChFC, CLU, CEBS

Chartered Financial Consultant

Chartered Life Underwriter

Certified Employee Benefits Specialist

President

Is Your Group Plan Certified?

With the plethora of unending new legislation arriving daily, coding and electronic reporting issues becoming an impediment to your reimbursements, as well as your practice/business, we now have yet another issue to present, Employer Certification.

The carriers have always reserved the right to request an annual certification, which is a detailed census of “all employees”, regardless of hours worked, in an effort to be assured that not only are you including all eligible employees, but to be certain that you are meeting the requisite 75% participation test.

Prior to this year, this request has been sporadic but the screws are now tightening and most all of the carriers are not only requesting but scrutinizing your Employer Certification and here’s what you will need to provide:

- Complete Census consisting of name, position, dob, salary, hire date and hours
- WR-30-used to substantiate your census
- Completed/Signed Waivers for all those not accepting coverage
Note: A Valid Waiver would be spousal coverage, not, “I can’t afford it”.
- 75% Participation is required, which would include the aforementioned categories
- Employer must pay at least 10% of the Single rate
- New for 2011-Only 1 carrier (Ex: Horizon, Aetna etc.) per group

Due to the more intense scrutiny by the carriers, we have expanded our services to include the review of our clients Employee Benefit structure, wherein, we are now analyzing several key areas where we have found our clients to be lacking and/or vulnerable:

- POP (Premium Only Plan) - Payroll Deduction is the method of choice and allows your Employees to pay for their share of monthly premiums on a “Pre-Tax” basis, saving them at least 20% on their tax bill, while equally providing for about a 10%-14% tax savings to the Employer.

However: 1.) You will be required to have a properly completed Section 125 document in order to take advantage of this tax break, as well as a,
2.) Signed acknowledgement of consent by your employee/participant

Note: If HSA contributions are being made through payroll deduction, your document will be required to have additional qualifying language to permit this deduction.

- FSA (Flexible Savings Accounts) is another popular method to allow your employees to take advantage of Pre-Tax” payment of excess and/or non-covered medical, dental or vision expenses

These plans require annual testing and you should maintain a copy of both the respective documents and test results in your office in the event of an audit and to confirm that they are up-to-date.

Please check the current rules of eligibility pertaining to owners/stockholders or contact our office and we will provide you with a free office audit if you indicate your membership with the Morris County Medical Society.

**THE MORRIS COUNTY MEDICAL SOCIETY AND
THE MEDICAL SOCIETY OF NEW JERSEY**

MCMS

Name _____ (Exactly as on NJ Medical License)

Medical Education Number _____ (If M.E. # unknown, leave blank.)

NJ Medical License # _____ Date Issued _____ Birth Date _____ Gender _____

SEND MAIL TO: ☐ Primary Practice ☐ Secondary Practice ☐ Home

Primary Practice _____ (_____) _____
GROUP NAME (if applicable) TELEPHONE NUMBER

STREET _____ FAX NUMBER

CITY, STATE, ZIP _____

Secondary Practice _____ (_____) _____
GROUP NAME (if applicable) TELEPHONE NUMBER

STREET _____ FAX NUMBER

CITY, STATE, ZIP _____

Home _____ (_____) _____
STREET TELEPHONE NUMBER

CITY, STATE, ZIP _____ FAX NUMBER

Spouse's Name _____ E-Mail Address _____

Past MSNJ member: No ___ Yes ___ County: _____ Current AMA Member: Yes ___ No ___

Twin Member name _____ ME Number _____

Medical Education _____
School/Location Degree Year

Residencies/Dates _____

Fellowship/Dates _____

Specialty Areas – Primary: _____ Secondary (if any): _____

Board Certification(s) _____

List any specialty society in which you are a Fellow _____

Active Hospital Appointments _____

Please answer the following. Attach a full explanation to any questions answered "yes."

Have you ever been convicted of a felony crime? Yes ___ No ___

Has your license to practice medicine in any jurisdiction ever been limited, suspended or revoked? Yes ___ No ___

Have you ever been the subject of any disciplinary action by any medical licensing board, medical society, or hospital staff? Yes ___ No ___

I hereby release, and hold harmless from any liability or loss, the Morris County Medical Society and Medical Society of New Jersey, their officers, agents, employees, & members for acts performed in good faith & without malice in connection with evaluating any application & my credentials & qualifications, & hereby release from any liability any & all individuals & organizations, who, in good faith & without malice, provide information to the above named organizations, or to their authorized representatives, concerning my professional competence, ethical conduct, character & other qualifications for membership. Furthermore, I attest to the accuracy of information supplied on this application & understand that falsification of any information may result in denial or revocation of membership.

Applicant's signature: _____ Date: _____

Mail completed application to: MCMS, 52 Elm Street, Morristown, NJ 07960-4146

Morris County Medical Society
52 Elm Street
Morristown, NJ 07960-4146

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
NEW BRUNSWICK, NJ
PERMIT NO. 228



ATLANTIC REVENUE MANAGEMENT

Medical Billing Services

Increase Reimbursement To Your Practice

Reduce Administrative Costs

Fully Integrated EMR

No Software Purchase Necessary



Atlantic Revenue Management Services
45 Park Place South #275
Morristown, NJ 07960

Tel: 973.989.4393
E-mail: info@atlanticrevenue.com
www.atlanticrevenue.com

