



Vincent Calamia, MD, *President*

President's Perspective

As Haiti and Chile recover from catastrophic earthquakes we are again reminded of the critical role physicians and other health care providers continue to offer in response to emergencies. Many physicians from Richmond County were at the forefront in providing care. We are grateful to them for again showing the high ideals held by our profession and our desire to provide care for those in need. Whether it be Drs. Jean-Baptiste, Montanti, Testa, Dalmacy, Mark and Gary Sherman, seen on pages 3 and 4 of this newsletter... or any other of the many physicians who responded, your dedication to caring for those in need inspires us all. While these literal earthquakes were occurring in distant places seismic changes were occurring here at home in the form of health care reform. Changes in the current system were necessary, and improved universal access to health care are goals upon which most of us are in agreement.

The complexity and uncertainties in the current law are truly challenging and their impact including the "law of unintended consequences" will confront every one of us over the next several years.

Though supported by the AMA our Comitia at the Richmond County Medial Society had significant reservations regarding the legislation. Primary among these was the lack of any correction of the Medicare cuts (SGR formula) and the lack of any meaningful tort reform. Without these elements increased access is a hollow commitment. Though all physicians are impacted by a lack of progress in these areas and by the recent elimination of consultation codes the continued erosion of the ability of primary care physicians to remain as viable practices is becoming onerous. Is it any surprise that primary care is undesirable to new graduates and many of us as chronicled in the NY Times recently, are leaving practice for employed positions?

The Medical Society of the State of New York recently sponsored a study by Kavet, Rocher, and Associates on the economic contribution of private practice to the state.

This was the recent subject of an article in the Staten Island Advance showing 437 private physicians practices were driving \$579 million into the Staten Island economy and responsible for 4,416 jobs. It is clear that in addition to the major limitations or patient access by the severe strain on private practice, there is also a major local impact on the economy and particularly employment in the Staten Island community.

As members of the Richmond County Medical Society we are the guardians of the ability of physicians to practice quality medical care of our patients. It is essential as the effects of the health care reform law evolve that we remain vigilant to their impact, even that which is unintended, on our ability to service our patients and sustain our viability. This will require our careful analysis of its outcomes and a commitment to stay actively involved in issues including tort reform, fair Medicare reimbursement, and collective negotiations with insurers that will allow us to survive this increasingly harsh environment.

Our professional lives and those of our patients depend upon our continued commitment.

RCMS

Welcomes New Members

Dr. Andrew Klapper
Dr. Seema Varma

Reinstatements:

Dr. Jay Bassilote
Dr. Ralph Ciccone
Dr. Thomas Kilkenny
Dr. Christopher Szeles

Residents:

Dr. Balakumar Krishnarasa
Dr. Lata Nanikram Pablani
Dr. Jennifer Beth Ross
Dr. Rabih Hamid Said
Dr. Daniel Sugganth

Contact Us

**Richmond County Medical Society
Academy of Medicine of Richmond
The Alliance with RCMS**

460 Brielle Avenue
Administration Building
Room 202
Staten Island, NY 10314
phone: 718-442-7267
fax: 718-273-5306

OR

Follow us on our Facebook pages; Search
**The Richmond County Medical Society
&/or
Academy of Medicine of Richmond**

Have You Laughed today?



Lamaze Class...The room was full of pregnant women and their partners. The instructor was teaching the women how to breathe properly, along with informing the men how to give the necessary assurances at this stage of the plan. The teacher then announced, "Ladies, exercise is good for you. Walking is especially beneficial. And, gentlemen, it wouldn't hurt you to take the time to go walking with your partner!" The room got very quiet for a while and then a man in the middle of the group raised his hand.

"Yes?" replied the teacher.

"Is it all right if she carries my golf bag while we walk?"

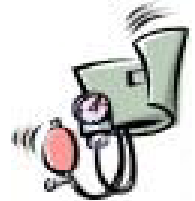
Opportunities with the S.I. Advance

Is There a Doctor In The House?

Write an article for the Society and you may see it published in the local newspaper or on www.RCMS.org. The Society publishes an article each Monday in the Staten Island Advance in a section called "Doctor In The House" and any member may submit an article to be considered for publication. Articles should be submitted, via e-mail (execrcms@aol.com) to the Society office to be presented to the Editorial Review Board to ensure that it is between 700 and 800 words and is written for the lay public on timely issues of relevance to the community; is intended to enhance the image of the local physician in the community and demonstrates that the Richmond County Medical Society is anxious to reach out to the public on important health-related topics; is not self-promotional and not intended as a vehicle to market new products or services from any specific company or institution.

You might prefer to be profiled...

The Staten Island Advance has added a new health-related page each week to the *Shore* sections. This new page, titled *The Healers*, will profile doctors as people -- and as physicians. If you are interested in participating you can call the Society office at 718-442-7267 and we will arrange for the reporter to contact you to schedule an interview.



~~ or you can participate in both ~~

How to Prepare for the Conversion from ICD-9 to ICD-10

On January 16, 2009, the Department of Health and Human Services (HHS) published a regulation requiring the replacement of the ICD-9 code set with ICD-10 as of October 1, 2013. All encounters and discharges on or after October 1, 2013 must use the ICD-10 codes. The regulation does not allow for use of the ICD-10 codes prior to the compliance date. To read an 11 page document that will help you to understand what you need to be doing now, visit the AMA at the following website.
<http://www.ama-assn.org/ama1/pub/upload/mm/399/icd9-icd10-conversion.pdf>

The Society's updated web site www.RCMS.org is now live. Check it out and give us your feedback on the new format.

If you shop at AMAZON remember to use the link on
www.RCMS.org

The Award Goes To . . .



Dr. Pietro Carpenito was one of eight outstanding individuals honored by the Union American Episcopal Church because they have adhered to Dr. Martin Luther King's vision of a future when "peoples everywhere can have three meals a day for their bodies, education and culture for their minds, and dignity, equality and freedom for spirit.

John Maese, MD received the 2009 HIMSS Founders Leadership Award honoring him for his leadership and contributions to Healthcare Information and Management Systems Society (HIMSS) and the healthcare industry.

Dr. John Pepe was presented with the Partners in Healthcare Award by the Staten Island Heart Society.



Richmond County Physicians Helping in Haiti



Some are members of RCMS....some are not but they all deserve a round of applause

Dr. Vincent Calamia, President of RCMS, was among many physicians at Victory Memorial Hospital who helped organize over \$100,000.00 worth of equipment and supplies that were sent to Haiti. Several physicians from VMH also traveled to Haiti.

RCMS member, **Dr. Vincent Montanti** spent a week in Haiti, in hospitals and tented MASH units that dot parks, sidewalks and streets where many victims remain after the devastating quake that occurred in January. He traveled to Haiti with his niece, Elissa Montanti, who founded the organization **Global Medical Relief Fund** (GMRF). Ms. Montanti created GMRF 13 years ago to help some 90 children in dire medical need whose world was shattered by war or natural disaster in Bosnia, Iraq, the Congo and now Haiti. GMRF has also helped 14 children locally.

The CBS series **"60 Minutes"** will be doing a story on GMRF very soon. For more information about **Global Medical Relief Fund**, or to contribute, call Elissa toll free 866-734-GMRF; locally 718-448-6984 or visit www.gmrfchildren.org



Elissa and Dr. Montanti met with Congressman Michael McMahon who helped to expedite the process for those children in most need.



Dr. Montanti in one of the hospital tents, where temperatures reached as high as 115 degrees during the day



Elissa Montanti with amputee, Margarette Pierre, Margarette's dad, their translator and a physician's assistant.

Dr. Mark Sherman, director of orthopaedic surgery at RUMC quickly put together a team including his brother, **Dr. Gary Sherman**, director of podiatry at RUMC; along with his son, **Dr. Seth Sherman**; RUMC anesthesiologist **Dr. Daphang Fan**; and RUMC orthopaedic fellow **Dr. Travis Von Tobel**. Traveling with carloads of donated supplies, the team arrived 7 days after the earthquake.



right: Dr. Gary Sherman with one of the young victims

RCMS member, **Dr. Ken Testa** traveled to the region on January 19 and helped transport the worst cases to the just-docked U.S. Navy Hospital ship. Dr. Testa performed operations alongside other medical volunteers in an overcrowded clinic in the Dominican border town of Jalabi, he said he was moved by the patients who despite the devastation never indulged in self pity. Many of the patients, he said, are children and single and double amputees. Dr. Testa is starting to network with prosthetic providers and other physicians to set up an ongoing program with Haiti. His intention is to be able to go down to Haiti with prosthetic technicians, to have prosthetics made and go back and refit them.

Dr. Dolcine Dalmacy, cousin of RCMS member and Treasurer, **Dr. Giovannie Jean-Baptiste**, traveled to Haiti with a group of 60 Haitian physicians and nurses from New York, and a team of volunteer EMTs from Brooklyn. The team provided care to hundreds of patients during the weeklong stay, setting up a triage center as well as performing much needed emergency surgeries.

Dr. Giovannie Jean-Baptiste teamed up with fellow RCMS members to collect medication and medical supplies in order to facilitate primary and emergency care in Haiti for several future trips to the country in the coming weeks. Participating Staten Island physicians include **Dr. Donna Seminara**, **Dr. Thomas Vazzana**, **Dr. Mary Hanna** and **Dr. Raffaella Russo**.

The following photos were taken by **Vinci Jean-Baptiste**, a freelance filmmaker and photographer and the brother of Dr. Giovannie Jean-Baptiste.

below: Dr. DolcineDalmacy,



Does your phone company owe you money??



If you've had an answering service connected to your phone as a second line, it's possible you're being billed for a service that no longer exists. Check your bills to see if you are being billed for what's called a "mileage" charge and make sure that you are not being billed inappropriately.

For Some Practice Management Tips...

Visit www.ama-assn.org/go/pmtips for a complete list of tips. Email Amy Farouk at amy.farouk@ama-assn.org or call at (312) 464-5490 with any questions.

A Tool to Transition from ICD-9 to ICD-10...

October 1, 2013 is the compliance deadline for the transition from ICD-9 to ICD-10 Diagnosis Coding. The following website should be helpful to any physician or his/her office practice that is concerned about the transition from ICD-9 to ICD-10 Diagnosis coding: <http://www.aapc.com/icd-10/codes/>

A MODERN TRAVESTY

By Gary P. Andelora

Medical Liability Mutual Insurance Company recently completed a study of claims closed against physicians and surgeons with an indemnity payment for the years 2000-2009. The figures are staggering. Within that ten-year period, the Company paid out over \$3.7 billion. The total number of files for the period was 8,622. The average amount paid per closed file was \$429,551. The highest annual average amount paid per closed file was in 2009 and totaled \$524,368. Our Company has always maintained that the physicians of New York State deliver a quality of medical care, which is unmatched nationally. It seems apparent that the State's tort system is seriously flawed and is in need of reform.

The medical profession has consistently called for tort reform and has pointed to other states where such reform has been enacted with positive results. The medical profession in New York has not been alone in calling for such reform. A number of other professions, businesses, municipalities, etc., have joined medicine in this fight. They too have felt the effects of a culture, which encourages suits and other legal actions. Poll after poll has shown that New Yorkers are fed up with the tort system and favor reform.

Where then is the roadblock?

Simply stated, opposition has come from one direction and one direction only, the State's trial bar and the citizen groups, which it funds. Combined with sympathetic colleagues in the State legislative leadership, this one profession has, for the most part, been able to prevent the passage of meaningful tort reform in New York State. As a result, the current system, which benefits only trial lawyers and a small number of plaintiffs, is allowed to continue. Continue it does, at the expense of the rest of the citizens of the State who are "picking up the tab" through inflated insurance premiums, defensive medicine costs, and a host of other factors.

Adding to the problem are the claimants with legitimate claims who never see their case go to court because it is not seen as a profitable opportunity by the trial lawyers. MLMIC has always operated with the philosophy that legitimate claims will be handled expeditiously and injured patients will be compensated fairly and quickly. The fact that some legitimately injured patients cannot find an attorney to take their case only underscores the inequity of our current system.

For years, proponents of tort reform have been calling for various measures. These include a cap on non-economic losses (which has been enacted in a number of states). Others include taking liability cases out of the tort system and utilizing an

arbitration method or a no-fault compensation model. The medical profession promotes these options as well as others specific to medicine. These include medical courts, where complicated medical cases are tried before a judge knowledgeable in medicine. Another is taking neurologically impaired infant cases out of the tort system and putting them into a separate pool funded by a number of concerned parties i.e. hospitals, HMOs, and insurance companies. These most costly and often highly emotionally charged cases need a separate venue. While each of these options has a real potential of healing an injured system and thus lowering costs, it would be extremely difficult for one profession or even a coalition of professions to succeed in having them considered by the legislature. Such groups need to pool their efforts in convincing the citizens of New York State that the tort system is flawed, that it is draining financial resources, and that they are, in effect paying for its deficiencies. If they can be successful in this endeavor and gain the public's support in their efforts, tort reform becomes a real possibility in this State.

Granted, nothing in this article is original or hasn't been presented before. However, considering the enormity of the problem, it seems only appropriate that it be repeated.

The doctors are out

By Staten Island Advance Editorial April 05, 2010, 8:22AM



When you overhaul something as sprawling and complex as the nation's health-care insurance system, it's to be expected that there will be consequences that almost no one expects.

And while the real long-term effects of the Health Care Reform Act of 2010 — such as its real cost, as opposed to its hopefully projected cost — are yet to be discovered, some unforeseen ramifications are already starting to emerge. One early realization about it is that, with so many more Americans joining the ranks of the insured soon, a prime motivation for reformers, doctors are going to be a lot busier. The problem is that in many places, including Staten Island, doctors — particularly primary-care physicians — are already swamped.

But while there are 1,000 private physicians on Staten Island, there are only about 100 primary-care physicians. What's going to happen as these 50,000 prospective new patients join current patients to flood primary-care doctors' offices? And don't forget that the demographic "pig-in-the-python" glut of Baby-Boomers are either Medicare-eligible or soon to be; they're also aging and will be seeking more medical care more often than they did earlier in their lives. Ironically, the more widespread access to medical care the proponents of health-care reform wanted may cause more difficult access for a significantly larger pool of insured patients.

As Assemblyman Matt Titone put it, "More people will have financial access to insurance, but they won't have physical access to a doctor." Another irony: Advocates of reform touted the importance of people seeking preventive care before they get sicker and require more expensive treatment as a major reason to insure many more Americans. Early, relatively inexpensive treatment would help keep long-term costs down, they said.

But if going to the doctor's office becomes more of a hassle, that's going to deter people from going at all.

"If we wait for the influx of patients to fix this, we're crazy," Dr. Calamia said.

The question is how. Primary-care physicians are scarce on Staten Island and all across the country as it is now, and the scarcity is going to be even more pronounced as more insured patients come on line.

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The health-care reform bill proposes to spend \$1.5 billion over five years to expand by 15,000 the ranks of primary-care providers. And there is also money earmarked for new and expanded health-care facilities, which could lure more aspiring physicians into primary-care practice. But that's only the hope. How it actually plays out could be a very different story.

What would have been a lot more effective in terms of increasing the number of primary-care physicians is reform of the tort laws which allow too many litigants who sue for malpractice to receive Lotto-sized awards often all out of proportion with incidents of purported wrongdoing.

As a result of these court-awarded jackpots, primary-care doctors have to spend about \$30,000 a year for malpractice insurance. That has driven many doctors out of that critical area of medicine and deterred others from getting into it.

But the White House and Congress refused to go near that reform, which for them, because of the dependable and substantial support they get from trial lawyers groups, is a political third rail for many Democrats.

It's certainly something that should be front and center in any new stab at health-care reform — if there is one.

So, as with so many other aspects of health-care reform, the real-life, practical effect of the measure on the patient-to-doctor ratio has yet to be discovered. But it's something Congress and the president should be prepared to address long before it reaches crisis proportions.

Stated Meeting

At 9:00 PM immediately following the Comitia Minora meeting on Tuesday, May 4, 2010 all members are invited to attend the stated meeting when the proposed slate of officers for election at the June 30th annual meeting will be presented. The Comitia Minora will meet at 7:30 PM at the Staten Island Hilton Garden Inn and the Stated meeting will follow.

Report of the Nominating Committee

President.....George Smith, M.D. (*automatic progression*)
President Elect.....Giovannie Jean-Baptiste, M.D.
Vice President.....Mark Carney, M.D.
Treasurer.....Vincent P. DeGennaro, M.D.
Secretary.....James, Reilly, D.O.

Board of Censors

Jack D'Angelo, M.D. - Chairman
Joseph Motta, M.D. Allan Perel, M.D.
Ralph Messo, D.O. Vincent Calamia, M.D.

Delegates to MSSNY

Ralph Messo, D.O. Allan B. Perel, M.D. Zoltan Brody, D.O.
Deeptha Nedunchezian, M.D. Jack D'Angelo, M.D.

Alternate Delegates to MSSNY

Mark Carney, M.D. Giovannie Jean-Baptiste, M.D.
Maria Elena Fodera, M.D. Joseph Motta, M.D.
Tomasine Fodera, M.D. Donna Seminara, M.D.
Theodore Strange, M.D.

Standing Committees

| | |
|-------------------|--------------------------|
| Legislation | John Pepe, M.D. |
| Co-chair | Vincent Calamia, M.D. |
| Public Relations | Judy Wright, M.D. |
| Co-chair | Rodney Samaan, M.D. |
| Public Health | Anita Szerszen, D.O. |
| Co-chair | Kenneth Testa, D.O. |
| Medical Education | Seema Varma, M.D. |
| Co-chair | John Maese, M.D. |
| Health Insurance | Frank Scafuri, III, D.O. |
| Co-chair | Elsayed Hassan, M.D. |
| Medical Economics | Anthony Sgarlato, M.D. |

Sub- Committees

Medical Malpractice Task Force - *Sub-committee of Legislation*
Chair Edith Calamia, D.O. Co-chair Keith Berman, M.D.

Informatics (HIT) - *Sub-committee of Public Relations*
Chair Salvatore Volpe, M.D. Co-chair John Maese, M.D.

Disaster Preparedness - *Sub-committee of Public Health*
Chair Mark Jarrett, M.D. Co-chair John Maese, M.D.

Call the Society office to add your name as a committee member.

Upcoming Events

Tuesday, April 6

Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Friday April 16-Sunday, April 18

MSSNY House of Delegates
Westchester Marriott Hotel in
Tarrytown

Sunday, May 2

Annual Legislative Brunch Meeting
11:30AM-2:00PM
Richmond County Counry Club
135 Flagg Place

Tuesday, May 4

Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue
**Immediately followed by Stated
Meeting to Announce Proposed Slate
of Officers for 2010-2011**

Tuesday, June 1

Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Wednesday, June 30

Annual Election & Dinner Meeting
7:00 PM
SI Hilton Garden Inn
1100 South Avenue
Dr. George Smith, President



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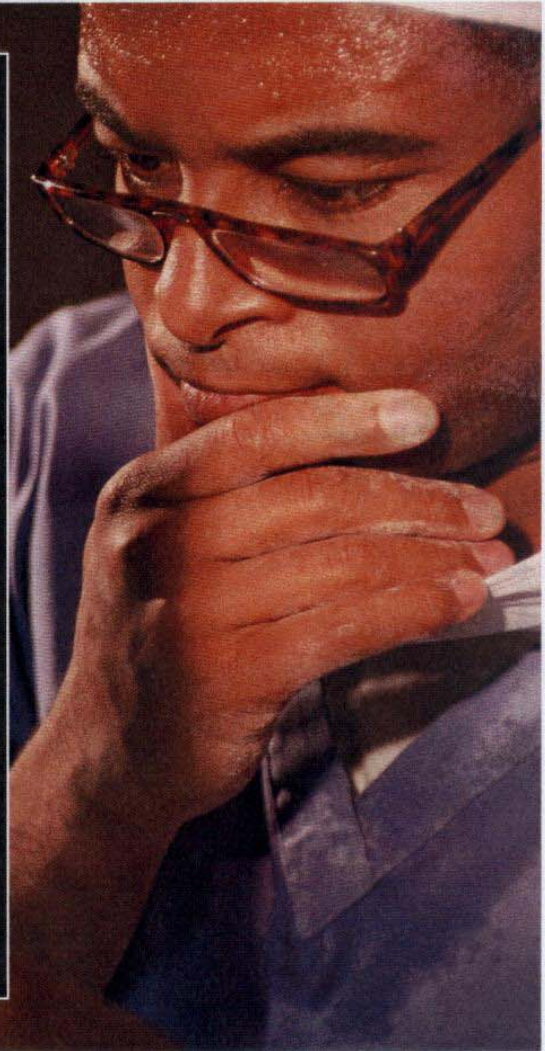
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Our defense never rests.

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The Alliance with the Richmond County Medical Society Medical School Scholarships

Applications are being accepted by the Alliance with the Richmond County Medical Society for a scholarship award of \$3,000 per year for four consecutive years. The scholarship funds have been contributed by the Richmond County Medical Society and their families. Preliminary requirements are financial need, high academic standing and attendance at a medical school approved by the American Medical Association. In addition, the applicant must have been a resident of Staten Island prior to attending college or medical school. Applicants should contact the Richmond County Medical Society Alliance Scholarship Committee at (718) 442-7267 or rcmsasst@aol.com before April 15. Completed applications must be submitted before May 31, 2010.

The March 2010 issue of the AMSSNY newsletter "The VOICE" is available and can be accessed by clicking on the following link http://www.mssny.org/mssnycfm/mssnyeditor/File/2010/About/Member_Sections/Alliance/Network_New_York_March_2010.pdf This issue contains important information on legislative issues and healthcare. It also includes information on our upcoming Convention at the Westchester Marriott Hotel in Tarrytown on April 15 and 16.

MSSNY Physician Advocacy Day Tuesday, March 9, 2010

More than 500 physicians from around New York State traveled to Albany to attend MSSNY's Physician Advocacy Day on March 9. They listened as, James Wrynn, the new Insurance Superintendent said the \$50,000.00 surcharge is not completely off the table.



NYS Commissioner of Health, Richard Daines, MD, addresses the audience at Physician Advocacy Day in Albany.

MSSNY Grassroots Action Center

visit www.MSSNY.org, click on **Grassroots Action Center** and follow the links till you see tabs like this

TAKE ACTION

then follow the simple step by step directions that will urge legislators to support the bills that will help physicians and oppose those that could devastate your practice.



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Reasonable rates, high recovery percentage and great customer service represent the cornerstone of a new program providing collections on delinquent accounts for Richmond County Medical Society (RCMS) members. This new debt collection program is offered to members by NCSPlus Incorporated (NCS), one of the nation's leading collection service/account receivable management firms. NCS charges RCMS members a low flat fee only and incorporates telephone collections, letters, attorney contact, and debtor audits.

For more information, contact Bill Spencer at NCS at (800) 363-7215 Ext. 6400. Or via e-mail: wspencer@ncsplus.com

MUTUAL OF OMAHA COMPANIES



Offers discounted Disability and Long Term Care Insurance to Richmond County Medical Society Members. For information on how you can take advantage of this member benefit, contact Frank Ruggiero by phone at 201-288-0880 or 212-490-7979, ext.238; or by email at RuggieroF@aol.com

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Dwight Ryan, President & CEO
dryan@medtech4solutions.com
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At **no cost to you**, you are invited to join our **Group Purchasing Organization (GPO)** which provides **services devoted to the needs of medical practices and facilities**.

Medical and Pharmacy Supplies - Typically practices can expect **savings of 10-50% on medical supplies for daily practice needs**. In addition, our **pharmacy program provides access to your everyday needs at significant savings**. If, like most practices, you use one of the major medical supply companies **you do not have to change your current supplier or ordering procedures to participate**. On your end nothing changes except an increase in your savings.

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Financing - in partnership with **Wells Fargo Leasing and Americorp Financial** we offer **specialized leasing and financing programs** designed for the needs of a physician practice.

Overnight Shipping – our relationship with **Federal Express** will **save you 50% or more** on all of your overnight shipping.

Patient Satisfaction Initiatives = Profitability: Take advantage of the **25% GPO Member Discount** and seek the help of KBC Consulting's proven tools to improve customer service and patient satisfaction which will lead to patient retention and new patient referrals. Check out their website at www.kbcconsult.com or call 917-363-0295

Billing, Collection and Practice Management - maximize charges, increase collection rates, decrease denials and minimize days outstanding in accounts receivable. **AthenaCollector, developed by AthenaHealth**, is the state-of-the-art web based system with no upfront costs for software or hardware that can reduce your billing and practice management costs while increasing your revenue.

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