Physician Profile Requirement

PHYSICIANS, PLEASE TAKE NOTE

OPMC will begin to take action against a handful of physicians who have not updated their physician profiles as required by law. We are advised that the DOH made numerous attempts to speak with these physicians through regular notices and personal calls. These notices and calls have been documented. If the physician does not take action after 60 days OPMC takes action.

IF YOU HAVEN’T YET UPDATED YOUR PHYSICIAN PROFILE
PLEASE DO SO IMMEDIATELY!

Pursuant to Subdivision 4 of Section 2995-a of the Public Health Law, physicians must report information for inclusion in the Department of Health Physician Profile and as a condition of registration renewal under Article 131 of the State Education Law update his/her profile within six (6) months prior to the expiration date of the physician’s registration period.

You can update your profile:
Online, if you have a Health Commerce System (HCS) account, by logging on to https://commerce.health.state.ny.us and click on the Physician Profile Survey icon to review and update the profile information;

If you do not currently have an HCS account and would like to request an application on-line, go to https://hcsteamwork1.health.state.ny.us/pub/top.html to apply.

If you are not able to login to the HCS site, please contact their support line at 1-866-529-1890 for assistance.

Print your profile by accessing the New York State Physician Profile web site, make changes on the printout and either fax it to 917-228-8700 or mail it to NY State Department of Health, PO Box 5007, New York, NY 10274-5007

Any questions you may have regarding the physician profile or this requirement can be answered by the New York State Physician Profile Help Desk at 1-888-338-6998.
Concurrent Care Policy for Evaluation & Management Services on the Same Date of Service

This clarification is being issued based on questions from providers and because National Government Services has identified a pattern of claim submissions of evaluation & management (E&M) services for the same patient, on the same date of service by the same rendering provider.

According to Medicare regulations, only one E&M service may be billed per day, per patient. In some instances, physicians may see a patient multiple times on a given day, or in multiple settings. Except in rare circumstances outlined in the above manual section, only the highest level of E&M service rendered on that date should be billed. For example, if a patient is examined in the office and later examined and admitted into the hospital, the physician would report the hospital admission as the E&M service rendered for that day.

If a physician submits two E&M services for a patient in a single day, then Medicare will deny the claim for the second service. For services provided in the office setting that were unrelated and could not have been provided at the same time, please request a redetermination with the supporting documentation of the second E&M services. If the services were an inpatient visit followed by critical care, please request a redetermination with the supporting documentation. National Government Services cannot accept these situations as reopening requests.

In the case of group practices, Medicare pays for one E&M visit in a day provided to a patient by the same physician or a member of the same group with the same specialty. If multiple visits are provided, the group should select a level of service representative of the combined visits and submit the appropriate code for that level. This does not apply to physicians who are in different groups or physicians in the same group with different specialties.

Coding guidelines from the American Medical Association (AMA) current procedural terminology (CPT) also indicate that advance practice nurses and physician assistants working with physicians also are considered to be of the same specialty. The E&M Coding Guidelines from the 2014 AMA CPT include the following coding tip on page 5, "When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician." This means that any advance practice nurses and physician assistants working in a group would not meet the criteria to bill for a second visit on the same day as any physician within that group.

A "different recognized specialty" refers to a subspecialty for which the physician has received formal additional training in a recognized program and for which there is generally separate board recognition rather than just additional experience in management/treatment of a particular condition or entity. In those cases, in which the Medicare processing system does not maintain a specific subspecialty designation, the claim may deny during the initial processing, and you may need to request an appeal identifying the subspecialty training and designation.

Related Content

- Information on how to file a redetermination request can be found on our website on the Appeals page.
- For additional information on reporting and documenting E&M services, please visit the CMS website for Documentation Guidelines for Evaluation and Management (E/M) Services
ARE YOU IN COMPLIANCE?

FEDERAL OSHA REGULATIONS REQUIRE THAT ALL EMPLOYEES WITH POTENTIAL EXPOSURE TO BLOOD, BODY FLUIDS OR OTHER POTENTIALLY INFECTIOUS MATERIALS MUST RECEIVE ANNUAL BLOOD BORNE PATHOGEN EXPOSURE CONTROL TRAINING

WE ARE PLEASED TO ANNOUNCE SPONSORSHIP OF AN EASY-TO-USE, INEXPENSIVE ON-LINE COMPLIANCE TRAINING PROGRAM

Note: MULTIPLE INDIVIDUALS MAY VIEW THE PROGRAMS SIMULTANEOUSLY, BUT EACH MUST REGISTER INDIVIDUALLY TO OBTAIN THEIR INDIVIDUAL CERTIFICATE OF TRAINING

OSHA RULES - WRITTEN Bloodborne Pathogen Exposure Control Plan

The U.S. Occupational Safety and Health Administration’s Federal Bloodborne Pathogen Standard requires all employers of individuals with potential for exposure to blood or other potentially infectious materials to have a WRITTEN Bloodborne Pathogen Exposure Control Plan. Offices with hazardous materials or equipment on site (most medical offices) also must have a WRITTEN Hazard Communications Plan.

Note: These plans are downloadable to allow easy customization before printing.

- Infection Control in Healthcare Plan @ $10.00
- Hazard Communications in Healthcare Plan @ $10.00
- ON-LINE COMPLIANCE TRAINING PROGRAM @ $10.00

TO REGISTER SIMPLY COMPLETE THE FORM BELOW AND SEND IT WITH A CHECK IN THE APPROPRIATE AMOUNT OF TO:

Bronx County Medical Society
3560 Netherland Avenue, Suite 2F
Bronx, NY 10463

OR

EMAIL YOUR CREDIT CARD INFORMATION TO BXCMS@MSN.COM

OR TEXT THIS INFORMATION TO 845-558-4256

WE’VE MADE IT EASY TO COMPLY - THE REST IS UP TO YOU

NAME: ___________________________________________

EMPLOYED BY: ___________________________________

ADDRESS: _______________________________________

PHONE NUMBER: _________________________________

EMAIL ADDRESS (TO WHICH PROGRAM MATERIAL WILL BE SENT):

____ I have access to Microsoft Power Point
____ I do not have access to Microsoft Power Point
Health Commissioner Mary T. Bassett announced new initiatives to protect and promote the physical and mental health of all New Yorkers. Highlights include the creation of the Center for Health Equity, an expansion of maternal and reproductive health services and a pilot program to reduce the rat population in New York City. Commissioner Bassett announced these new initiatives in her testimony on the Executive Budget for Fiscal Year 2015. Reducing health disparities, addressing New Yorkers’ health needs, and bringing the focus to the community -- that's what the FY15 budget is about,” said Council Member Corey Johnson, Chair of the Council’s Committee on Health. "This new approach by the Department of Health and Mental Hygiene will address the needs of New York's many communities. The Center for Health Equity will bring much needed focus to communities who are disproportionally affected by diabetes, obesity and other premature morbidities and is an important step towards the comprehensive health system planning that will help to provide New Yorkers with the resources to live a healthier life, which in the end, saves lives and saves money. I applaud the Administration for this local approach to health planning and look forward to implementing these important polices for the City of New York."

Reducing Health Disparities Many of the health issues facing New Yorkers, including obesity, diabetes and maternal mortality, disproportionally affect communities of color. During FY 2015, the Health Department will launch the Center for Health Equity to address health disparities that result in an excess burden of ill health and premature mortality in New York City's communities of color. The Center will focus on three key areas: leveraging policy changes to better integrate primary care and public health to serve the health needs of communities, building interagency collaboration to address the root causes of health disparities, and increasing access to care by making services more accessible in neighborhoods with the worst health outcomes. Through the Center, which has $3.2 million in funding within the Executive Budget, the Health Department will pilot an innovative Community Health Worker program in public housing. Community Health Workers will help support residents living in public housing in managing their health conditions.

Maternal and Reproductive Health The Health Department remains committed to reducing unintended pregnancies and improving birth outcomes in New York City. $3.2 million of new funding was added to the Executive Budget to allow the Health Department to expand both the Connecting Adolescents to Comprehensive Health (CATCH) program in schools, and the Newborn Home Visiting Program. CATCH, a program that provides reproductive health services at schools in communities with high teen pregnancy rates, will be expanded to 14 additional sites and reach approximately 20,000 students annually. The Newborn Home Visiting Program provides breastfeeding support and helps new parents create a safe and nurturing home for their families. With the new funding, the Health Department will be able to provide an additional 1,000 visits to mothers and families each year to support children and new mothers.

Pest Control New funding in the Executive Budget will allow the Health Department to pilot a new approach to reducing the rat population in New York City by attacking “rat reservoirs” within selected neighborhoods with chronic rat problems in Manhattan and the Bronx. The Department will repeatedly assess, track, and address conditions on public and private properties that have rat reservoirs, areas where populations of rats repeatedly rebound from extermination attempts. The Department, working cooperatively with neighborhood associations, elected officials, Community Boards, and other partners, will assign a property-owner liaison to guide owners and managers in the target neighborhoods.

Patient Records Donald R. Moy, Partner - Kern Augustine Conroy & Schoppmann, P.C.

There are a number of different procedures that are followed when closing a practice. If a physician is a member of a group practice; the medical records are usually retained by the group practice; If a physician sells a medical practice to another medical practice, the medical records are frequently assumed by the medical group that purchases the practice; the physician who sells the medical practice ordinarily sends letter to patients informing patients of the sale of the medical practice, and where patient may obtain a copy of the medical records if the patient prefers to see a different physician; Increasingly, doctors are not able to sell the medical practice. Sometimes a doctor can find another medical practice to act as “custodian” of the medical records and store the records on behalf of the doctor. It is generally recommended that a “custodian” agreement be prepared to explain the terms of the custodianship, such as the custodian medial group practice holds the records solely as custodian, the records remain the property of the doctor, confidentiality requirements, requirement of custodian to make copies of medical records to the patient; requirement to provide the doctor access to the records during reasonable business hours; record retention requirements. It is generally recommended that the doctor inform patients about the custodianship agreement, and where patient can obtain access to the records; Sometimes a doctor cannot do any of the above, and must retain records in his/her own house or rent storage space; it is recommended that patients be informed.

Sometimes a doctor simply closes the medical practice, and does not do any of the above. My concern is if there are increasing patient complaints that the doctor simply closes the practice without following any of the above, there will be a demand for legislation.
Bronx County Medical Society

Insurance Grievance Factor Log

Physician Name: __________________________ Specialty: __________________________

Street: _____________________________________________________________________________

City: __________________________ State: _________ Zip: __________ Phone: ________________

Contact Person: __________________________ Date Submitted: __________________________

Claim #: __________________________

Request in relation to: (Circle all that apply)  Medicare   Medicaid  Workers’ Comp

Other Insurance: __________________________ In Network: ________ Out of Network: ________

Name of carrier or agency: _____________________________________________________________

Dollar amount in dispute: ______________________________________________________________

Type of problem: (Circle all that apply)

Denial of Pre-authorization  Down Coding/Recoding of Claims  Excessive Telephone Hold Time

Denial of Referral  Lost Claims  Request for Copy of Medical Record

Denial of Claim  Inaccurate Data Entry by Insurer  Requests for Operative Report

Delay in Payment  “Missing” Support Documents  Other Documentation Requests

Pattern of Late Payment  “Missing” Claims Information  Numerous Calls for Single Claim

Pre/Post Payment Review  Telephone Always Busy  Other (specify) ______________

Brief Description of the Problem:

______________________________________________________________________________

______________________________________________________________________________

IMPORTANT: Please include supporting documentation (i.e. explanation of benefits, copy of claim, etc.) if appropriate. Please be certain that an authorization allowing the release of the information has been signed by the patient. Thank you for your cooperation.

Mail or fax a copy of this completed form to:

Regina McNally, VP
Division of Socio-Medical Economics
Medical Society of the State of New York
865 Merrick Avenue
Westbury, NY 11590
516-488-6100, ext. 332
Fax: 516-352-4093
Prescribing Mandate of Controlled Substances Becomes Effective On March 27, 2015
E-prescribing will be required for all New York State prescriptions, including controlled substances, on March 27, 2015. The e-prescribing of controlled substance was required under the passage of the I-STOP law in 2012. While the e-prescribing mandate goes into effect on March 27, 2015, physicians who comply with these regulations may now begin to electronically prescribe controlled substances (EPCS), as long as their EPCS systems are DEA certified. Physicians must register their EPCS software with the NYS Bureau of Narcotic Enforcement (BNE). Transmission of a prescription of a controlled substance using software that is not DEA certified will fail and the prescription will not be filled. Although the forge-proof paper prescription pads will not be permitted for use on or after March 27, 2015, except for certain limited exceptions, these pads will be needed in the event of a power failure or when prescribing services other than drugs (i.e. diagnostic tests, labs, etc.). It is recommended that these pads be retained.
For more information, go to: http://www.health.ny.gov/professionals/narcotic/electronic_prescribing/

AMA Adopts Policy on Telemedicine Requiring In-State Licensure
The American Medical Association recently adopted a policy on telemedicine. The policy recommends that physicians be licensed in the state where the patient is receiving treatment and even requires face-to-face examinations prior to the continuation of treatment via telemedicine in some scenarios. The policy justifies this requirement by citing the need for a “valid patient-physician relationship” and indicating that such a valid relationship can only be formed with an initial face-to-face encounter. The AMA policy also supports a recent policy adopted by the Federation of State Medical Boards that contends that the point of care is the patient’s location, not the physician’s location.

MSSNY 2014 Legislative Session Report
MSSNY has a very capable lobbying team in Albany. Your member dues and grassroots participation makes their efforts on your behalf even more effective. Here is a brief report of MSSNY’s accomplishments this past Legislative session. As part of the budget, MSSNY: (1) secured the out-of-network bill; (2) secured $127.4M in funding for the Excess Medical Liability program and defeated any programmatic changes which would have negatively operated to deny ongoing physician participation; (3) defeated the retail clinic bill; (4) defeated proposals which would have imposed additional burdensome regulations and reporting requirements on physician office based surgery and urgent- care practices; and (5) eliminated the long-standing requirement for obtaining written informed consent in order to give a patient an HIV test. As the session concluded, our lobbyists secured many more victories which demonstrate the tangible value of MSSNY to its physician members. We (1) defeated the date-of-discovery statute of limitations and four other Trial Bar regressive-liability bills; (2) defeated a CME mandate for palliative and end-of-life care; (3) defeated scope-of-practice expansion by the podiatrists, dentists, optometrists, pharmacists, and many other non-physician practitioners; and (4) participated in the development of and supported the package of legislation to address the heroin epidemic. Thank you to the many physicians who answered the call for grassroots action and met locally with their representatives or wrote a letter and/or took a day away from their practice to travel to Albany to personally meet with their elected representatives on issues of importance to all of medicine. Sustained physician involvement can make a difference.
For more information relating to any of the above issues, please contact the MSSNY staff members at the following email addresses: Elizabeth Dears Kent, ldears@mssny.org; Moe Auster, mauster@mssny.org; Patricia Clancy, pclancy@mssny.org or Barbara Ellman, bellman@mssny.org
Dear Colleague & Friend,

On Sunday, October 12, 2014 the Bronx County Medical Society will hold our Centennial Gala Celebration, Membership Assembly & Physicians Expo at the New York Botanical Garden here in the Bronx.

As we have done in the past, we will once again publish a **Souvenir Journal** in recognition of Louis C. Rose, MD our Immediate Past President. Friends of the Bronx County Medical Society may insert an advertisement in the journal or just inscribe their personal good wishes and greetings.

This publication reaches 500 Bronx Physicians and is posted on our website. Our physicians refer to the Journal as the Society’s yellow pages...This is an excellent Marketing & Referral tool and well worth the cost of placing an ad.

Please complete the enclosed form and forward payment directly to the Bronx County Medical Society office. Tickets for this event can be ordered on the same form. Payment must accompany all ads and reservations.

On behalf of the Bronx County Medical Society, I thank you in advance for your continued interest and support of our society.

Sincerely,

Neil Herbsman, MD, President

Alan Diaz, MD
Committee Chairman & Past President

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**JOURNAL ADS – FULL SIZE 8.5” x 11” - DEADLINE – September 15th, 2014**

Provide via email the file using PDF, JPEG, TIF or Word format

Email to bxcms@msn.com

☐ Listed as “Friends of the Society”- $1000

- Full Color Gold Page Ad in the Souvenir Journal & 2 Tickets to the Dinner

☐ Full Gold Page (COLOR) - Premium Pages $675

☐ Black & White Full Page $275  ☐ Black & White Half Page $225

☐ **Event Tickets** - Donation $180 per person # of People ______

Enclosed is my check or charge to my credit card (AMEX, VISA or MASTERCARD) for Ads ☐ Tickets ☐

Total Enclosed $__________

☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐ - ☐ ☐ ☐

Expiration Date ☐ ☐ - ☐ ☐

---

Signature

Name (As it appears on your credit card)

Address where the credit card statement is sent

City State Zip Phone Email

---

**NOTE: Payment must accompany your request for an ad & or tickets**

Return to: Bronx County Medical Society - 3560 Netherland Avenue, Suite 2F - Bronx, NY 10463 or

FAX RESPONSE ALONG WITH CREDIT CARD INFORMATION: 718-549-6681
MSSNY Saves Internists Up to $9500 Per Year!
MSSNY just saved New York internists up to $9,500 a year, more than 10 times the cost of their membership dues. For many other physicians across New York State, the savings were far greater, as much as 100 times their initial MSSNY membership investment. The NYS Legislature completed its 2014 Legislative Session, and once again your society achieved a significant number of notable victories that are set forth in much greater detail below. Among these victories is defeat of a number of measures that had advanced to the floor of the Assembly and had been aggressively pursued by trial attorneys to expand liability against physicians. If enacted these bills could have triggered a cumulative staggering 25% increase in your liability premiums at a time when physicians cannot tolerate any further increases in their premiums if they are going to be able to continue to deliver the care their patients are counting upon. Your MSSNY helped to organize a coalition of hospitals, insurers and physician specialty societies to work together to help to defeat these bills despite the significant pressure placed on the Legislature to pass them. These bills included measures which would have changed the statute of limitations in medical liability actions, limited the ability of a physician sued for malpractice to interview key witnesses, and changed contribution rules in cases that involved multiple defendants.

I know that's a lot of legal “mumbo-jumbo”, but the bottom line is that as a result of advocacy by your Medical Society, physicians were spared from untenable increases which could have caused many practices to fold. Again, this is but one of numerous advocacy victories that your society has achieved for you (as detailed below), and a tangible dollar benefit you can highlight to others who are not members of MSSNY. Unfortunately, too many reap this benefit who do not pay for it. Please remind your colleagues the importance of sustaining a strong medical society to fight for you and your patients. We cannot take for granted that there will always be a strong MSSNY to continue to fight for you.

Andrew Kleinman, MD, President Medical Society State of New York

Your Premium Savings in Bronx and Richmond* thanks to MSSNY’s DEFEAT of Three Liability Expansion Bills These savings have been made possible through member support.

<table>
<thead>
<tr>
<th>Class</th>
<th>Specialty</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Neurosurgery</td>
<td>$81,353</td>
</tr>
<tr>
<td>2</td>
<td>General Surgery</td>
<td>$50,377</td>
</tr>
<tr>
<td>3</td>
<td>OB-GYN</td>
<td>$48,103</td>
</tr>
<tr>
<td>4</td>
<td>Orthopedic Surgery</td>
<td>$35,832</td>
</tr>
<tr>
<td>5</td>
<td>Vascular or Cardiac Surgery</td>
<td>$31,461</td>
</tr>
<tr>
<td>6</td>
<td>Plastic Surgery</td>
<td>$24,623</td>
</tr>
<tr>
<td>7</td>
<td>Urology</td>
<td>$18,053</td>
</tr>
<tr>
<td>8</td>
<td>Colon &amp; Rectal Surgery</td>
<td>$18,053</td>
</tr>
<tr>
<td>9</td>
<td>Radiology</td>
<td>$17,160</td>
</tr>
<tr>
<td>10</td>
<td>Emergency Medicine</td>
<td>$16,563</td>
</tr>
<tr>
<td>11</td>
<td>Otolaryngology</td>
<td>$14,641</td>
</tr>
<tr>
<td>11</td>
<td>Neurology</td>
<td>$14,641</td>
</tr>
<tr>
<td>11</td>
<td>Psychiatry</td>
<td>$14,641</td>
</tr>
<tr>
<td>16</td>
<td>Anesthesiology</td>
<td>$9,522</td>
</tr>
<tr>
<td>17</td>
<td>Internal Medicine</td>
<td>$9,301</td>
</tr>
<tr>
<td>17</td>
<td>Dermatology</td>
<td>$9,301</td>
</tr>
<tr>
<td>18</td>
<td>Ophthalmology</td>
<td>$8,938</td>
</tr>
<tr>
<td>20</td>
<td>Pediatrics</td>
<td>$6,266</td>
</tr>
</tbody>
</table>

*Based on $1.3M/$3.9M for occurrence coverage
Don’t see your specialty listed here? Rates are based on your scope of practice – just add 25% to your current premiums to compute your savings.

If your employer pays for your insurance, ask to have your medical society dues paid out of the savings our efforts helped bring about.
Medicaid Fee- for- Service Providers
Dispense Brand Name Drug when Less Expensive than Generic Program

Effective July 16, 2014, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- Dovonex Cream, Duetact, Epivir tablet, Tegretol XR and Ziagen tablet will be removed from the Program.

In conformance with State Education Law which intends that patients receive the lower cost alternative, brand name drugs included in this program:

- Do not require 'Dispense as Written' (DAW) or 'Brand Medically Necessary' on the prescription.
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do not require a new prescription if the drug is removed from this program.

IMPORTANT BILLING INFORMATION
Prescription claims submitted to the Medicaid program do not require the submission of Dispense as Written/Product Selection Code of ‘1’; Pharmacies can submit any valid NCPDP field (408-D8) value.

List of Brand Name Drugs included in this program* (Updated 7/3/14):

<table>
<thead>
<tr>
<th>Accolate</th>
<th>Evista</th>
<th>Pulmicort Respules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adderall XR</td>
<td>Felbatol</td>
<td>Solaraze</td>
</tr>
<tr>
<td>Alphagan P 0.15%</td>
<td>Focalin XR(15mg,30mg,45mg)</td>
<td>Soriatane</td>
</tr>
<tr>
<td>Aldara</td>
<td>Gabitril 2mg, 4mg</td>
<td>Symbyax</td>
</tr>
<tr>
<td>Astepro</td>
<td>Hepsera</td>
<td>Tegretol suspension</td>
</tr>
<tr>
<td>Bactroban cream</td>
<td>Kadian</td>
<td>TOBI</td>
</tr>
<tr>
<td>Carbatrol</td>
<td>Lidoderm</td>
<td>Tobradex</td>
</tr>
<tr>
<td>Catapres-TTS</td>
<td>Lovenox</td>
<td>Toprol XL</td>
</tr>
<tr>
<td>Combivir</td>
<td>Mepron</td>
<td>Trileptal suspension</td>
</tr>
<tr>
<td>Cymbalta</td>
<td>Myfortic</td>
<td>Trizivir</td>
</tr>
<tr>
<td>Depakote sprinkle</td>
<td>Niaspan</td>
<td>Vancocin</td>
</tr>
<tr>
<td>Diastat</td>
<td>Ortho Evra</td>
<td>Wellbutrin</td>
</tr>
<tr>
<td>Diovan HCT</td>
<td>Prevpac</td>
<td>Wellbutrin XL</td>
</tr>
<tr>
<td>Epivin HBV</td>
<td>Prograf</td>
<td></td>
</tr>
</tbody>
</table>

*List is subject to change

Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs, promoting the use of the most cost-effective product.
BRONX COUNTY MEDICAL SOCIETY UPCOMING MEETING

☐ Wednesday, September 10, 2014 - Annual Inaugural Meeting – 6:30 PM
Mario’s Restaurant, 2342 Arthur Avenue, “Little Italy” Bronx, NY 10458

TOPIC: ICD 10 CODES  Sponsored by: Kern, August, Conroy & Schoppmann

LAST NAME:  FIRST NAME:

ADDRESS:  CITY:  ZIP CODE:

PHONE  FAX  EMAIL:

CHECK THE BOX(S) FOR THE MEETING(S) YOU WISH TO ATTEND’

REGISTER BY MAIL
Bronx County Medical Society
3560 Netherland Avenue, Suite 2F
Bronx, NY 10463

REGISTER BY FAX - 718 549-6681  REGISTER BY EMAIL: bxcms@msn.com
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**Disability Income Insurance**

For more information, contact the specialists with 94 years of insurance service:

**Charles J. Sellers & Co., Inc.**  
Program Administrator

4300 Camp Road, P.O. Box 460, Athol Springs, NY 14010  
Phone: 1-800-333-5440 - FAX: 1-800-462-1121  
insurance@sellersinsurance.com - www.sellersinsurance.com

Underwritten by: Life Insurance Company of Boston & New York, New Rochelle, NY. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy. See the Product Brochure and/or Policy Form DIC-N (0900) NY for details concerning policy benefits, limitations and exclusions.

CJS201 12/13  
Exp. 12/31/15