

chicago CHICAGO MEDICAL SOCIETY THE MEDICAL SOCIETY OF COOK COUNTY **medicine**



Newsletter, January 2006, Vol. 109, No. 1

“THE FIXER”

Insurance Agency goes to bat for CMS members

The CMS Insurance Agency, Inc. continues to assist CMS members and Chicago-area physicians with their medical liability insurance needs. The following examples describe how the Agency recently was able to help two of our physicians.

A CMS MEMBER WHO WORKED PART-time for a hospital was initially unable to obtain a quote for his policy portion for private practice; the carrier didn't offer a part-time plan. The CMS Insurance Agency was able to assist the physician in determining options for part-time coverage, in canceling the policy, and finding coverage with a suitable carrier. The point here is that the Agency helped a Chicago Medical Society member out of a tough spot through its steadfast commitment.

Another CMS member understood he would receive a part-time policy. It was not until eight months later that the physician discovered he was locked into full-time coverage, paying double the amount he

expected—an amount that would prevent him from keeping his practice afloat. The physician turned to the CMS Agency for help. After confirming the incumbent carrier's strict position, the Agency sought the best possible solution. Despite a hard market and scarcity of carriers to match his needs, the Agency was able to do research and formulate an assessment with up-to-date market conditions. The Agency presented options for the physician to choose from, consulted with him, and helped him make a final decision. At the end of the day, a Chicago Medical Society member was able to obtain a part-time policy and stay in practice.

The CMS Insurance Agency was formed as a member benefit and is a subsidiary of the Chicago Medical Society. The Agency reviews clients' needs based on price, carrier stability, long-term market commitment, realistic availability to applicants, and acceptable policy guidelines. If you have questions about the medical liability insurance market or would like the CMS Insurance Agency to be your representative, call Dana Lucus at (312) 670-2550 ext. 345.

DISTRICT HAPPENINGS

Sleeping disorders, CMS overview -- topics at District 5 dinner

*Meetings can be educational
or grassroots advocacy*

DISTRICT 5 OF THE CHICAGO MEDICAL Society met on Jan. 10 at the Indian House restaurant in Oak Brook. CMS members and guests were treated to a mini-lecture followed by dinner.

Sharad Khandelwal, MD, District 5 president

continued on p. 2

DISTRICT HAPPENINGS *(continued from page 1)*



CMS members after an enjoyable meal and discussion at the District 5 meeting (from left): Amy Lin, Steve S.K. Lin, MD, Vickie Rezai, MD, Mohammad Rezai, MD, and Hariprasad Kurella, MD. *Story: Hilary Westover; photos: Casey Becker, CMS staff*



Dr. Sharad Khandelwal, District 5 president, addresses the audience at the Indian House Restaurant in Oak Brook.

and assistant professor of medicine at Loyola University, gave a lecture titled "Sleeping Disorders: A Brief Overview." Those in attendance learned much about sleep, its value, and the many disorders that affect it.

After the presentation, members of the CMS Executive Committee briefed the audience on issues affecting the medical community. CMS President-elect

Shastri Swaminathan, MD, complimented Dr. Khandelwal and District 5 on a successful transition from branches to districts. Executive Director James Tarrant introduced Phil Seroczynski, vice-president/broker of the CMS Insurance Agency. The evening ended with delicious Indian food and discussions of lecture highlights and issues facing CMS members.

CONNECTING

Legislative breakfast hosts Rep. Danny Davis

U.S. REP. DANNY DAVIS (7TH DISTRICT) WAS the featured speaker at the CMS District 6 Legislative Breakfast held Jan. 27 at Rush University. Mr. Davis described the 2006 health care agenda in the U.S. Congress. This program was part of an ongoing series of legislative breakfasts that introduce federal, state, county, and city government representatives to our members.

For information on holding a breakfast in your District, call Ted Kanellakes at (312) 329-7342

CMS mission: to host County Board presidential candidates

AS THE RACE FOR PRESIDENT OF THE COOK County Board heats up, CMS will invite the candidates (incumbent John H. Stroger (D), Commissioners Forrest Claypool (D) and Anthony J. Peraica (R) to Headquarters for interviews.

NEWS FOR CHICAGO PHYSICIANS

chicago
CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY
medicine



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FLU PREPAREDNESS

CMS makes preparing for avian influenza a priority

CMS PHYSICIANS, IN COOPERATION WITH the Chicago Department of Public Health, are available to speak on a variety of emergency preparedness topics, including the management of avian influenza and coping with a potential pandemic.

To arrange for a speaker to come to your office or clinic, call (312) 670-2550, ext. 326, or go to www.cmsdocs.org. Attendees may receive free CME credit.

Prebooking for 2006-2007 influenza vaccine has begun

PHYSICIANS ARE NOW ABLE TO PREORDER their supply of vaccine for the 2006-2007 influenza season from Sanofi Pasteur. However, physicians must have established accounts with the company before they may place orders.

To create an account with Sanofi Pasteur online, go to www.vaccineshoppe.com or call (800)

VACCINE. The Web site offers further details about prebooking.

Three to four million doses of influenza vaccine were scheduled to be delivered to the Centers for Disease Control and Prevention in mid-January. As it did last year, CDC will loan the doses back to the manufacturers who produced them. Doses purchased from manufacturers will come with a return policy to eliminate financial risk to the physician and maximize the use of the vaccine.

The AMA recommends physicians continue to offer the vaccine to all of their patients and is taking steps to help improve the distribution process.

The urgency of this year's influenza vaccine supply problems prompted the AMA and the CDC to hold the 2006 National Influenza Vaccine Summit on Jan. 24-25, rather than in May, so the problems of this flu season can be analyzed in time to institute the appropriate action for next influenza season.



MARK YOUR CALENDAR!

2006 MIDWEST CLINICAL CONFERENCE (MCC)
MARCH 22 and 23 – HOLIDAY INN-CHICAGO MART PLAZA
Up to 15 CME Credits

WHO SHOULD ATTEND? All primary care physicians, residents and medical students will benefit including the following: cardiologists, surgeons, gynecologists, psychiatrists, radiologists, pediatricians, endocrinologists, gastroenterologists, ER, ID and public health specialists.

CME: Earn up to 15 CME credits

Location: Holiday Inn-Chicago Mart Plaza (at the Merchandise Mart):
350 N. Orleans, Chicago, IL www.holidayinnchicago.com

Pre-Registration (Up to February 28):

Full Conference Fee:

CMS/ISMS Members: \$175

Non-members: \$195

Residents: \$95

Half-Day Fee:

CMS/ISMS Members: \$90

Non-members: \$100

Regular Registration (Feb. 28 - Mar. 21):

Full Conference Fee:

CMS/ISMS Members: \$225

Non-members: \$250

Residents: 125

Half-Day Fee:

CMS/ISMS Members: \$120

Non-members: \$130

Full conference details on course content and speakers, including faculty and commercial support disclosures, are to follow and will also be posted on the CMS website at: www.cmsdocs.org

Smoking now on city inspectors' checklist

THE CITY'S NEW SMOKING BAN WENT INTO effect Jan. 16, making nearly all public places, except for taverns and restaurant-bars, smoke-free. City inspectors have added smoking compliance checks to their regularly scheduled routine rounds. But aside from these visits, enforcement will depend mostly on complaints from the public; the city would rather encourage voluntary compliance than issue tickets, said a spokesman from the Daley administration.

"Our intention is not to come down with the hammer right away, but to work with businesses. We fully understand the public health mission. But we also understand that complaints can be made, complaints can be frivolous and we will need to look into them," said José Cerda, chief of policy for the Office of the Mayor. "As with many new laws, formal regulations will be developed in

the upcoming months to clarify it, as needed."

The city will issue warning letters to business owners and building managers if violations are reported twice. A third call to the same location will prompt a visit by an inspector who can write a ticket if a violation is verified. People who witness violations are advised to call 311.

Taverns and bars in restaurants have until July 1, 2008, to comply with the ban. To qualify for this extension, establishments must be able to prove that 65 percent of their revenue comes from the sale of alcohol. Fewer than 3,000 bars and taverns can legally declare themselves as smoking establishments, according to Scott Bruner, director of the new Department of Business Affairs and Licensing.

The city sent letters to nearly 70,000 business-license holders in the city, advising them of the provisions and effective date of the new law.

Chicago identified as nation's fattest city in "non-scientific" study

MEN'S FITNESS MAGAZINE RECENTLY DESIGNATED CHICAGO AS AMERICA'S FATTEST CITY, replacing Houston, which claimed the honor last year. Curiously, Baltimore was rated the fittest city, after having been ranked as the 25th fattest city a year ago. What changed in the span of a year? Editor Neal Boulton concedes the survey isn't scientific and that it takes into account non-medical factors such as amount of public park space, air quality, commuting time, number of health club memberships, sporting-goods stores and fast-food restaurants. He called Baltimore "a paragon of urban renewal."

New health commissioner has work cut out for him

Whether or not the ranking is accurate, Terry Mason, MD, new health commissioner for the Chicago Department of Public Health, wants to make Chicago one of America's fittest cities. "It's time for the Health Department to help city residents slim down and trim down," he recently told the City Council. His campaign to make Chicago a healthier city will start at City Hall, where he plans to issue "report cards" for the mayor and aldermen, encouraging all Chicagoans to evaluate their health and make lifestyle changes.

CMS INSURANCE AGENCY, INC.

THE CMS INSURANCE AGENCY, INC. CAN NOW SERVE AS YOUR AGENT.

The Agency is a proud sponsor of Chicago Medical Society activities and programs.

THE CMS INSURANCE AGENCY, THROUGH SPONSORSHIP GRANTS:

- Supports CMS grassroots legislative advocacy, educational programs and seminars, and social events (annual dinner, golf outing, etc.).
- Supports CMS efforts to advocate on your behalf with state and federal representatives.
- Will work with carriers to provide risk management seminars and office assessments so physicians can meet discount eligibility requirements.

There is no added cost to your liability premium.

Please contact: Phil Seroczynski, Vice-President/Broker, CMS Insurance Agency, Inc., (312) 329-7346

LOYOLA UNIVERSITY CHICAGO
 STRITCH SCHOOL OF MEDICINE
 & HINES VA HOSPITAL

**Board Review Course
 In Internal Medicine**

For Certification and Re-Certification

FEBRUARY 28, 2006 - JUNE 6, 2006

**45 HOURS OF CATEGORY I
 CME CREDIT AVAILABLE**

Every Tuesday night from February 28 thru June 6, 2006, 6:30 P.M. to 9:45 P.M., a preparatory course will be given for the American Board of Internal Medicine at Loyola University Chicago Medical Center. The course will be sponsored by the Loyola University Chicago Stritch School of Medicine and Hines VA Hospital. There will be 15 sessions given by highly qualified authorities in their respective fields.

February 28	Pulmonary	April 25	Gastroenterology
March 7	General Medicine	May 2	Cardiology
March 14	General Medicine	May 9	Cardiology / Infectious Disease
March 21	Neurology / General Medicine	May 16	Infectious Disease / Endocrinology
March 28	Psychiatry/Dermatology / General Medicine	May 23	Endocrinology / Rheumatology
April 4	General Medicine / Pulmonary	May 30	Rheumatology / Hematology
April 11	Nephrology	June 6	Hematology / Oncology
April 18	Nephrology / Gastroenterology		

Accreditation:

This activity has been planned and implemented in accordance with the Essentials Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Loyola University Chicago, Stritch School of Medicine and Hines Veterans Administration Hospital. The Loyola University Chicago Stritch School of Medicine is accredited by the ACCME to provide continuing medical education for physicians and takes responsibility for the content, quality, and scientific integrity of this CME activity.

The Loyola University Chicago Stritch School of Medicine designates this educational activity for a maximum of 45 category I credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

The fee for this course will be \$475.00 (Residents - \$225.00*). All fees are payable in advance. Please make checks payable to Loyola University Stritch School of Medicine. Send check and registration form to **Bruce Guay, M.D., Director, Loyola-Hines Board Review Course (111) Bldg. 200, Room 1401, VA Hospital, Hines, IL 60141.**

LOYOLA UNIVERSITY CHICAGO - HINES VA HOSPITAL
 Board Review Course in Internal Medicine
 February 28 - JUNE 6, 2006

Name _____

Address _____

City & Zip Code _____

enclosed is my check in the amount of:

\$475.00 (attending) \$225.00 (resident*)

*\$225.00 registration fee requires proof of residency prior to attending first session of the course.

ANSWERS FROM AMA

Have questions about 2006 Medicare physician payment update and claims processing?

AT PRESS TIME, EXPECTATIONS WERE THAT the U.S. House would act on Feb. 1 to halt the 4.4 percent Medicare physician payment cut that went into effect Jan. 1. President Bush was expected to sign the bill, which would restore payments to the 2005 level shortly thereafter. This situation has generated a number of physician billing questions. Medicare officials are drafting a question and answer document that should be available in the near future. Decisions on certain issues are not yet known, however, and others cannot be finalized until Congress has completed action. In the interim, AMA staff after consultation with Medicare staff and medical specialties, have answered some of the most frequently asked questions.

To view this information, go to <http://www.ama-assn.org/ama1/pub/upload/mm/-1/medicare06qanda.pdf>

National conference develops advocacy skills

THE AMA'S NATIONAL ADVOCACY CONFERENCE offers physicians the opportunity to hear and speak with members of Congress and the Bush Administration. Scheduled this year for March 13-15 in Washington, DC, the conference also prepares doctors to be effective advocates for medicine.

To learn more and to register online, go to www.ama-assn.org/ama/pub/category/14350.html

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HOD meeting on horizon

ISMS WILL HOLD ITS ANNUAL HOD MEETING APRIL 6-8 AT THE OAK BROOK HILLS HOTEL. Registration will commence at 7 p.m., Thursday evening, April 6. The House will be called to order at 8 a.m., Friday, April 7, and will conclude late afternoon, April 8. **Attention, CMS Delegates and Alternates: CMS needs a full complement. Let us know if you do or don't plan to attend.**

Contact Cathy Faedtke at (312) 329-7322.

Resolutions deadline

Resolutions for the ISMS HOD must be received (not postmarked) at ISMS by the end of business (4:45 pm) on Tuesday, March 7, 2006. Any resolution received after the deadline will be considered as a late resolution, and will thus be reviewed by the Committee on Rules and Order of Business.

Submit resolutions by mail, email, or fax: ISMS, 20 N. Michigan Ave., Suite 700, Chicago, IL 60602. Fax: (312) 782-2023; e-mail: www.hod@isms.org

2005 legislative victories: the year in review

Bills successfully opposed, amended or mitigated

While the media focused on ISMS' successful efforts to achieve meaningful medical litigation reform in Illinois, the Society won other victories and safeguards for physicians and patients during the 2005 Illinois General Assembly.

In addition to lobbying for medical litigation reform, ISMS worked hard to identify legislative proposals that would negatively impact physicians and patients. Here is a partial list of bills that ISMS successfully opposed, amended, or mitigated to the benefit of physicians and patients.

SCHEDULE II DRUG PRESCRIBING – H.B. 876 AND S.B. 140

Would have allowed physician assistants and advanced practice nurses to prescribe Schedule II drugs (e.g., Demerol, Oxycontin). Both bills were amended to remove prescriptive authority language. As amended, H.B. 876 cleared the General Assembly and was sent to the Governor.

OPTOMETRISTS' PRESCRIBING – H.B. 1179

Would have allowed optometrists to prescribe orally administered, "systemic" drugs, expanding their scope of practice without appropriate training or safeguards. Patients taking oral medications must be under a physician's care to ensure proper diagnosis and treatment. The bill failed on a vote in committee.

PSYCHOLOGISTS' PRESCRIBING – S.B. 527

Would have allowed psychologists to prescribe psychiatric medications without the medical training required of psychiatrists. Without proper diagnosis, dosing, and monitoring, psychiatric medications can cause potentially disabling and life-threatening side effects. This bill was sent to subcommittee and failed to advance.

PODIATRISTS' SCOPE OF PRACTICE – H.B. 865

Would have amended the Podiatric Medical Practice Act to allow administration of general anesthesia and performance of above-the-foot amputations by podiatrists. H.B. 865 failed to advance.

LICENSURE OF NATUROPATHS – H.B. 1591 AND S.B. 1758

Would have authorized licensure of naturopaths and granted them limited prescriptive authority and ability to perform "minor office procedures." H.B. 1591 failed in committee; S.B. 1758 was sent to a Senate subcommittee.

AUDIOLOGISTS' SCOPE OF PRACTICE – H.B. 3498 AND S.B. 451

Would have allowed audiologists and speech pathologists to perform balance testing. Additionally, H.B. 3498 would have allowed audiologists to prescribe hearing aids. Only physicians are able to identify and treat conditions that may affect a patient's balance. Both bills cleared the General As-

sembly after they were amended to remove ISMS opposition.

RESPIRATORY CARE – S.B. 139

Would license currently certified respiratory care therapists, creating the potential for scope of practice issues. ISMS worked to ensure that therapists work under the order and supervision of a physician, advanced practice nurse, or a physician assistant; and that they only perform work they have been trained to do. The bill cleared the General Assembly.

SUPERVISION OF PHYSICIAN ASSISTANTS – H.B. 2557 AND S.B. 1496

Would have allowed physicians to supervise more than two physician assistants. ISMS policy limits physician supervision to two physician assistants, which reflects current law. Both bills failed to advance.

LICENSURE OF MIDWIVES – H.B. 645

Would have allowed state certification of lay midwives with minimal training. Lay midwives would then be allowed to deliver care currently provided by certified nurse midwives who have the education, training and skill level to care for the mother and newborn in collaboration with a physician. The bill failed to advance out of committee.

TAXING MEDICAL SERVICES – H.B. 2249, H.B. 3815 AND S.B. 2100

Would fund stem cell research in Illinois by taxing cosmetic surgical procedures. ISMS supports stem cell research, but vigorously opposes all legislative attempts to tax medical services. S.B. 2100 could be voted on during the fall veto session or next year; H.B. 3815 was re-referred to the Rules Committee.

“MORNING AFTER” PILLS – H.B. 2535

Would have allowed pharmacists to initiate (prescribe) emergency contraception drug therapy by following “guidelines” set by an “authorized prescriber.” H.B. 2535 failed on a vote in committee.

MEDICAL CORPORATIONS – S.B. 616

Would have required officers, directors and shareholders of medical corporations to be licensed under the Medical Practice Act, the Physician Assistant Practice Act, the Podiatric Medical Practice

Act, or, if an officer, director, or shareholder is an advanced practice nurse, the Nursing and Advanced Practice Nursing Act. ISMS opposed this legislation – the corporate practice of medicine doctrine prohibits physicians from organizing with other health care professionals. The bill failed to advance.

WORKERS’ COMPENSATION “REFORM” – H.B. 2137

This “agreed” bill, supported by business groups and labor organizations, passed over ISMS’ strong objections. H.B. 2137 will impose a fee schedule for services provided to patients under the Workers’ Compensation Act.

ISMS was successful in mitigating the most onerous proposals, fighting off attempts to include a fee schedule based on “Medicare plus 25 percent.” (Forty-five other states already have fee schedules and ban balance billing – and most other states base their fee schedules on Medicare or Medicaid.)

It is estimated that this legislation will affect about 30 percent of submitted charges. It will not affect negotiated contracts. While ISMS strongly opposed this legislation, the Illinois Hospital Association remained neutral.

MEDICAL LIABILITY REFORM – S.B. 475

Places a \$500,000 limit on non-economic damage awards against physicians, and a \$1 million limit against hospitals; no change in the payment of unlimited compensation for all of an injured patient’s economic damages; “average weekly wage” provision to ensure that those without a regular income (e.g., homemakers, minors) receive a fair damage award; improvements to the affidavit of merit and enhanced expert witness standards.

METHAMPHETAMINE – H.B. 273

Makes ephedrine and pseudoephedrine “schedule V controlled substances.” The law requires all over-the-counter single and multi-active ingredient cold medications to be placed behind pharmacy counters; buyers would have to show I.D. and sign a log book.

ALL KIDS – H.B. 806

Expands health coverage to uninsured children ineligible for other state programs. ISMS lent its qualified endorsement.

Information provided courtesy of ISMS.

New malpractice study misses big picture

Critics say methodology is selective

A CONSUMER GROUP STUDY FUNDED IN PART by tort lawyers has suggested that medical malpractice insurers set premiums based on the market, not on their losses, according to a Dec. 29 article in the *Washington Post*.

The Santa Monica, Calif.-based Foundation for Taxpayer and Consumer Rights found that from 1986 to 1994 the insurance industry reported to regulators losses of \$39.6 billion but actually paid only \$26.7 billion, 31 percent less. The losses were overstated in each of the nine years, according to the authors, to justify big premium hikes.

"We're not saying they shouldn't use estimates, but it's how far off they are," said Harvey Rosenfield, a lawyer for the foundation was quoted as saying. "It's out of the ballpark, not even close."

The insurance industry criticized the study's methodology, arguing it only includes years when the industry overestimated its losses, leaving out more recent years when the industry paid more than it reported initially to regulators. They add that recently, insurers' losses have far exceeded estimates from only a few years ago.

"They cherry-picked the years," said Lawrence E. Smarr, president of the Physician Insurers Association of America, also quoted in the article.

Mr. Smarr explained that actuarial estimates were off in the late 1980s and early 1990s because insurers didn't expect the drop in claim frequency that occurred after 1984. Moreover, insurers paid more than they estimated on claims starting in 1998 because the cost of defending claims and pay-

Hospital liaisons needed for legislative breakfasts and more

IF YOU WOULD LIKE TO SERVE AS A POINT of contact between CMS and your hospital or if you have suggestions for District activities and projects, please give us a call. You may want to serve as a Member Liaison. As such, you'll be responsible for planning programs, arranging for CMS hospital visits, and encouraging your colleagues to be more politically involved.

*For more information, contact
Ted Kanellakes (312) 670-2550, ext. 342.*

ing damages kept rising, according to the article.

Insurers also say they rebated or lowered premiums during the years that losses were overstated; they note at least half of the medical malpractice insurance market is written by doctor-owned mutual companies.

The industry further reports that the number of \$1 million-plus claims as a percentage of all claims has doubled to 8 percent in the last five years; in recent years incurred losses are up 43 percent from 2000 to \$7.1 billion, the article states.

"Juries are making larger and larger awards, and that drives settlements," Mr. Smarr said.

The article points out the size of awards can vary by jurisdiction, complicating the underwriting process. And even tort lawyers agree that malpractice claims are hard to estimate because of the long time it takes to resolve them and juries' unpredictability.

The study examined the 1986-1994 time period to compare losses insurers reported to regulators as "incurred" with the amount actually paid after claims. Because cases can wind through the judicial system up to 10 years, 1994 is the most recent year for which industry-wide data were available, the article states.

Mr. Rosenfield is a consumer activist and protégé of Ralph Nader. He was the author of Proposition 103, a series of California insurance regulations passed in 1988 that primarily affect auto insurance. Also contributing was Jay Angoff, a former Missouri insurance director and industry critic, who generated intense criticism last summer for his report on the insurance industry.

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ChicaGourmets offers cornucopia of caviar at Shaw's

All CMS members are considered members of ChicaGourmets and will receive the ChicaGourmets discount for all events. Luncheon and dinner prices include tax, tip and wines.

CHICAGO GOURMETS, THE FINE-DINING ORGANIZATION endorsed by the Chicago Medical Society Service Bureau, Inc., announces upcoming dining events and programs.

● **Shaw's Crab House -- "Kudos for Caviar" featuring Carolyn and Rachel Collins of Collins Caviar**, WEDNESDAY, FEBRUARY 22, 6:30 P.M., RECEPTION; 7 P.M., DINNER, 21 E. HUBBARD, CHICAGO

Join the mother-and-daughter team of Carolyn and Rachel Collins of Collins Caviar as they talk about their favorite subject and provide tastings, along with a full menu. Collins Caviar uses freshwater American fish for their caviar. Shaw's chefs are preparing these caviar for this evening's special meal. Limited quantities of the caviar will be available for purchase

at below-wholesale prices.

The menu, paired with wines, includes: (Reception): Margarita caviar with Kumamoto oysters, lotus chips, tuna and bass sashimi; (first Course): Passion caviar with caramel ravioli, pan-seared sea scallop and tatsoi salad, passion gelee; (second course): smoked caviar with soy marinated Maine day boat cod, green cabbage and coconut herb vinaigrette; (third course): truffle caviar with confit beef, wasabi caviar with Asian-style tuna; (dessert): wasabi and ginger caviar with banana roll; rum sauce and Asian mint ice cream; caviar \$69, inclusive.

To reserve for ChicaGourmets events, please prepay by sending in your check, and identify yourself as a CMS member.

Send checks to: ChicaGourmets, UPS Store, PMB 347, 47 W. Division St., Chicago, IL 60610-2220.

For more details, view the ChicaGourmets Web site: www.chicagourgourmets.com/. Or, go to the Chicago Medical Society Web site: www.cmsdocs.org/ and click on "links," then go to the ChicaGourmets Web site. For further information, contact: Don Newcomb, founder, ChicaGourmets, (708) 383-7543; or e-mail:

donaldnewcomb@comcast.net

CMS sponsors foreign tours, cruises

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Prices include hotel and airfare.

CALL (800) 842-9023 -- WWW.GLOBALHOLIDAYSINC.COM

● **Rome: \$1,599** -- March 16-24, March 23-31, March 30-April 7

● **Paris: \$1,599** -- April 1-9, April 8-16

● **Treasure of China & Yangtze River Cruise: \$3,199**

April 27-May 9, May 25-June 6, June 1-13, June 8-20

● **Greek Isles Cruise and Venice: \$2,995** -- May 5-16, May 12-23, May 19-30

● **Baltic & Russia Cruise and Copenhagen: \$2,995** -- May 18-29, June 1-12

Chicago Medicine classified advertising form

Classified Rates (Per Insertion)	25 Words or less	26-40 words	41-60 words	61-80 words	81-100 words
Non-members	\$21.00	\$35.00	\$48.00	\$61.00	\$73.00
CMS members (20% discount) . . .	\$16.80	\$28.00	\$38.40	\$48.80	\$58.40

Advertising guidelines:

1. Chicago Medical Society publishes *Chicago Medicine* as a monthly newsletter and as a quarterly magazine. Your ad will run in consecutive issues. Deadline is the first day of the month prior to the month in which your ad will run. For example, the deadline for the December issue would be Nov. 1.
2. Payment must accompany the ad. We accept check, money order, Visa or MasterCard.
3. All ads must be submitted in writing, preferably using this form.
4. Cancellation notice must be received no later than the first day of the prior month.
5. Box reply numbers are assigned upon request at an additional \$5 per insertion (see below).
6. Return this completed form to: Chris Sienko, *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610; or fax it to (312) 670-3646. If you have any questions, call Chris Sienko at (312) 329-7334.

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Use lines below to type ad exactly as it should appear. Use additional paper, if necessary.

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Acceptance of advertising is restricted to professional and business opportunities, practices for sale and rent, and medical office space available. All requests for classified advertising must be submitted in writing. Although *Chicago Medicine* believes the classified advertisements published within these pages to be from reputable sources, *Chicago Medicine* does not investigate the offers made and assumes no liability concerning them. *Chicago Medicine* reserves the right to decline, withdraw, or edit advertisements at its discretion. While *Chicago Medicine* makes every attempt to achieve accuracy, it cannot accept responsibility for typographical errors.

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Ad index

Advanced Accounting Services	.12
Advantage Billing Service8
American Medical Association	. .7
American Physicians9
CMS Insurance Agency, Inc.6
ISM Inter-Insurance Exchange	. .3
Loyola University/ Hines VA Hospital8
MARCA Reimbursement Specialist	5
Physicians' Benefits Trust	. .Back cover
Rx Financial Aid15

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