



chicago medicine

CHICAGO MEDICAL SOCIETY
THE MEDICAL SOCIETY
OF COOK COUNTY

Newsletter, Vol. 111, No. 13, 2008

PRESIDENT'S MESSAGE

What does Obama win mean for health care?



"An historic opportunity lies before us," says current CMS President Dr. William McDade, (*left*) shown in this 2004 photo with then-State Senator Barack Obama and then-CMS President Dr. Neil Winston. Mr. Obama visited CMS to exchange ideas about health care reform, a subject over which he will now have considerable influence.

Throughout his campaign, President-elect Barack Obama vowed to provide affordable, accessible health care to all. The question now is how much reform the nation can afford during a worsening financial crisis. Some experts think that reform will come in phases, with expansion of the children's insur-

ance program SCHIP as the first step. It's been said that Congress could pass "health partnership" legislation that would provide federal grants to states for innovations that increase coverage and access. Mr. Obama's other proposals—expanding Medicare and creating a National Health Insurance Exchange—could be

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PRESIDENT'S MESSAGE *(continued from first page)*

harder to fund and might have to wait. Winning support, even from a Democratic Congress, might not be as easy as it sounds, experts have cautioned.

At an ISMS event in October featuring representatives from the Obama and McCain campaigns, CMS member and Obama health advisor Stephen Ondra, MD, described elements of the Obama plan. Savings would be achieved through reining in administrative costs and pharmaceutical profits, and by establishing the National Health Insurance Exchange for the uninsured, said Dr. Ondra.

The Obama campaign Web site outlined other measures to drive down costs: state-of-the-art health IT systems, disease prevention and management programs, increased competition through market structure reform, and federal reinsurance to employers. His plan would also limit the ability of insurers to raise rates for medical liability insurance. "Caps" are only a part of the solution to soaring insurance premiums, according to Dr. Ondra.

Health care providers will be required to promote patient safety, meet performance thresholds, make decisions based on evidence-based research, and tackle health care disparities. Mr. Obama has also indicated he would be open to changing from the current Medicare physician payment model; he would provide incentives to students going into primary care and implement

the medical home model. He also favors consumers importing drugs from foreign countries.

Mr. Obama has nominated former Sen. Tom Daschle (D-SD) to become the new Secretary of the Department of Health and Human Services. Mr. Daschle has been promoting health care reform proposals since 1994, when he lost his Senate seat. His comprehensive plan is outlined in his new book *Critical: What We Can Do About the Health Crisis*. Whether or not you endorse all of his ideas, we can agree that an historic opportunity lies before us.

Let's congratulate Mr. Obama for tackling health system reform, and keep in mind that the new administration needs our bipartisan support. It's crucial that we physicians be present every step of the way, helping to lead change, not waiting for it to happen.

So please, encourage your colleagues who are not members to join CMS, ISMS and AMA to reinforce our work with Mr. Obama and the new Congress toward a better health care system for all.



William A. McDade, MD, PhD
President, Chicago Medical Society

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Newsletter, 2008, Vol. 111, No. 13

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Chicago Medical Society

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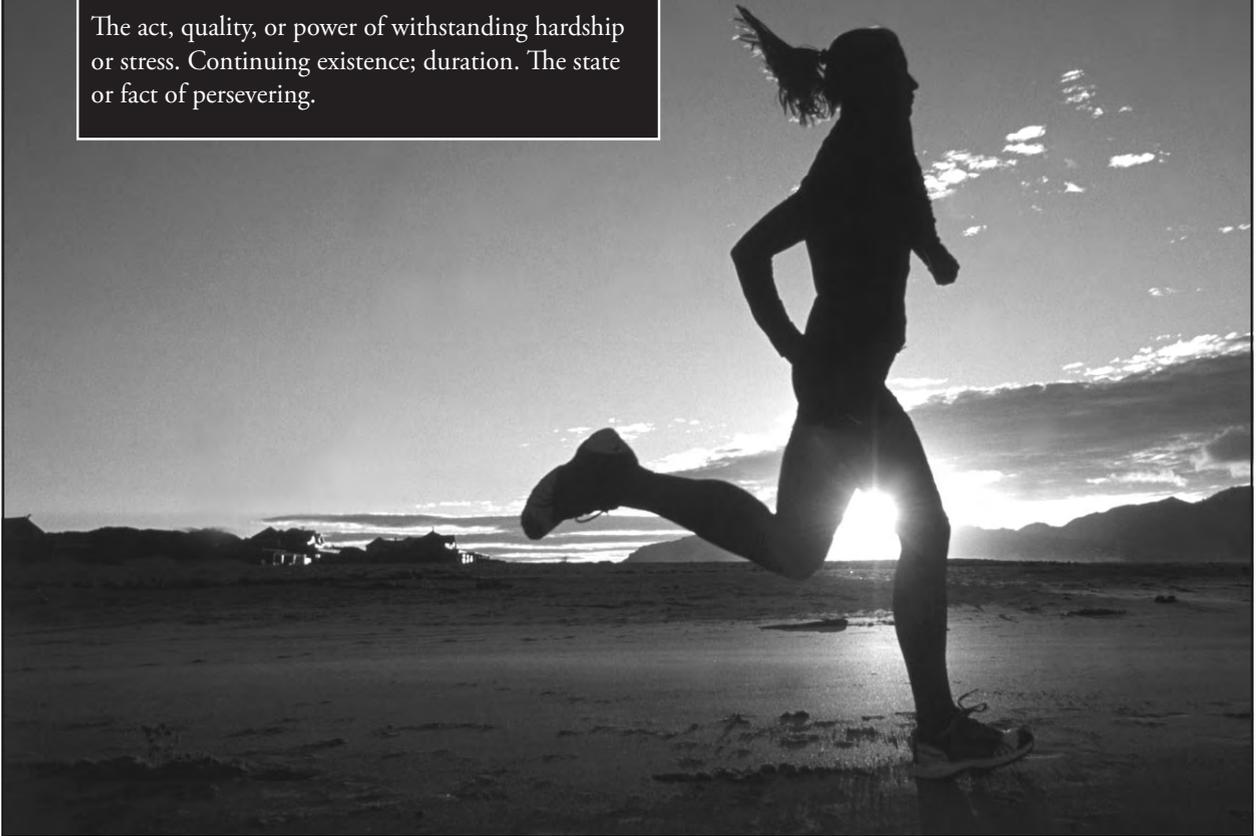
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Chicago Medicine (ISSN 0009-3637) is published monthly with one additional issue published each winter, spring, summer and fall for \$20 per year for members; \$30 per year for nonmembers, by the Chicago Medical Society, 515 N. Dearborn St. Chicago, Ill. 60610. Periodicals postage paid at Chicago, Ill. and additional mailing offices. Postmaster: Send address changes to *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610. Telephone: (312) 670-2550. Copyright 2008, *Chicago Medicine*. All rights reserved.

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Membership campaign targets 14,000

Photos: Scott Warner, CMS



Dr. David Loiterman (left, at microphone), Chairman of the CMS Council, leads the Nov. 4 meeting with officers Drs. Howard Axe, Vice Chair; William Werner, President-elect; and Robert Panton, Secretary.

THE CMS COUNCIL MET ON TUESDAY, NOV. 4, for an abbreviated meeting at Maggiano's Banquets. Members were updated on the following CMS initiatives and events:

Membership campaign underway

Approximately 14,000 nonmembers in the Chicago area received a letter and statement from CMS President William A. McDade, MD, inviting them to join CMS. The letter emphasized the recent Medicare payment victory as well as the constitutional challenge to medical liability reform legislation.

Programs to promote legislative outreach

Dr. McDade has formed two new ad hoc committees. The Governmental Affairs Council will complement the legislative initiatives set by ISMS. It will meet with Cook County legislators on issues affecting the practice of medicine and identify legislators for the CMS/ISMS Legislative Mini-Internship Program. Two legislators who recently participated have given CMS positive feedback on the experience.

Increasing academic representation

Dr. McDade also formed the Committee for Academic Physicians. This committee is addressing the unique issues facing his academic colleagues, such as regulatory and financial concerns.

Next Young Physicians Group outing: stay tuned

Possible options for the next Young Physicians Group (YPG) outing include a Chicago Bulls basketball game, Chicago Wolves hockey game, and a Chicago Fire soccer game. The YPG may meet with the Student Section. Stay tuned for dates.

The CMS/ISMS Student Sections got a boost in membership recruitment from CMS leadership. Both Dr. McDade and President-elect William N. Werner, MD, visited several area medical schools to discuss the benefits of organized medicine. Staff from both organizations attended student activity fairs this fall to assist the Student Sections in signing up new members.

CMS teams up with Metropolitan Chicago Healthcare Council

The Metropolitan Chicago Healthcare Council is the lead agency coordinating the Medical Service Program for the 2016 Olympic and Paralympic Games should Chicago be awarded the Games. CMS has accepted an offer from MCHC to partner with it in this endeavor.

Full slate for Public Health Committee

The CMS Public Health Committee is participating in three major local projects: 1) Helping to implement the grassroots "Building a Healthier Chicago"

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Student District councilors participate in the Council proceedings.

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COUNCIL HIGHLIGHTS *(continued from page 4)*

initiative; 2) Assisting the Chicago Department of Public Health in mapping out specialty care in Cook County; and 3) Working with the AMA in implementing its "Healthy Life Steps Program."

Recruitment tailored to each hospital

CMS/ISMS staff have developed a recruitment/retention campaign specifically for Advocate Illinois Masonic Medical Center and the University of Chicago Medical Center. A plan for the hospitals in District 4 is also under development.

Senior physicians given permanent committee

Following the recommendation of the Long-Range Planning Committee, the Council voted to establish a standing Senior Physicians Committee for members aged 60 and older. The current entity, the Senior Physicians Group, is an ad hoc committee, which must be reappointed each year.

CMS to study health care rationing in Illinois

The Council voted to refer resolution *Ration Medical Care Financed by the Illinois Department of*



Dr. Shastri Swaminathan, ISMS President, updates the CMS Council on key ISMS initiatives.

Public Aid to the CMS Healthcare Economics Committee for study and report back to the Council.

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COUNCIL HIGHLIGHTS *(continued from page 6)*

This resolution requests that CMS and ISMS cause a bill to be introduced into the state legislature that would bring rationing to medical care financed by the Illinois Department of Healthcare and Family Services (formerly Department of Public Aid). The bill would give authority to the Department to appoint a citizens' committee to study the means by which the agency could balance its budget by eliminating expensive health care procedures and other heroic measures that benefit only a few.

ISMS gives full report

ISMS President Shastri Swaminathan, MD, updated the Council on key ISMS initiatives:

- ***BCBSI Revises Onerous Changes***

The ISMS and AMA successfully persuaded Blue-Cross BlueShield of Illinois (BCBSI) to revise contracting changes imposed late last summer, under

the guise of a class-action settlement agreement. The revisions apply to BCBSI's Mutual Participation Provider Agreement, PPO Plus, and Blue Choice provider contracts. BCBSI began mailing copies of its revised changes on October 15.

- ***ISMS POLITICAL FORUM***

On Oct. 16, physicians, residents and medical students attended a nonpartisan forum at ISMS headquarters to hear the presidential candidates' health policy platforms. State Rep. Jim Durkin (R-Countryside) represented Senator McCain's campaign, and ISMS member, Dr. Stephen Ondra, represented Senator Obama's campaign. Apart from the substantive presentations, the best part of this event was the host of new faces in attendance—including many medical residents and students.

- ***FTC Rule on Identity Theft Red Flags***

Recently ISMS reviewed an AMA/national

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Save-the-Date

Announcing the Chicago Medical Society's



Dates: Friday, April 17 – Sunday, April 19

Location: The University of Chicago

Audience: Medical doctors, academics, residents, physician assistants and health care professionals.

More details to follow via e-mail, announcements & regular mail.

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COUNCIL HIGHLIGHTS *(continued from page 8)*

specialty society joint letter commenting on Federal Trade Commission rules regarding identity theft prevention. The new rules require financial institutions and “creditors” to develop and implement written identity theft prevention programs by May 1, 2009 (extended deadline). The FTC is broadly interpreting the rules to include physicians as “creditors,” and thus subjecting doctors to the new identify theft requirements. The AMA’s letter makes a strong case that physicians should be excluded from the rule. In the event that the final rule is *not* altered, ISMS has authorized development and implementation of an ISMS identity theft prevention program, in accordance with FTC rules. ISMS also took a late resolution to the AMA’s interim meeting, commending AMA’s action to date to exclude physicians from the rule, and urging continuing, vigorous advocacy to eliminate this burdensome requirement on physicians.

NOMINATIONS PRESENTED FOR CMS OFFICES

The following slate of names was presented for the 2009-2010 year.

President-elect: David A. Loiterman, MD

Secretary: Thomas M. Anderson, MD

Chairman of the Council: Howard Axe, MD

Vice-Chairman of the Council: Robert W. Panton, MD

Trustees:

Adrienne L. Fregia, MD; John N. Kiriklakis, MD

Councilors-at-Large:

Bapu Arekapudi, MD; Boone Brackett, MD; Brian P. Farrell, MD; Earl E. Fredrick, Jr., MD; Kamala A. Ghaey, MD; Nunilo Rubio, MD; Gerald E. Silverstein, MD; Anne Szpindor, MD; Michael J. Wasserman, MD.

Alternate Councilors-at-Large:

Neelum T. Aggarwal, MD; Edgar A. Borda, MD; Rafael Z. Campanini, MD; Mary Jo Fidler, MD;

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COUNCIL HIGHLIGHTS *(continued from page 11)*

Zahurul Huq, MD; Terrence T. Lerner, MD; Arthur R. Peterson, MD; William G. Troyer, Jr., MD.

Judicial Panel:

Neil E. Winston, MD

ILLINOIS STATE MEDICAL SOCIETY:

President-elect: Steven M. Malkin, MD

Speaker of the House: M. LeRoy Sprang, MD

Trustees: Edgar A. Borda, MD; David A. Loiterman, MD, William N. Werner, MD.

AMERICAN MEDICAL ASSOCIATION:

Delegates: Sandra F. Olson, MD; M. LeRoy Sprang, MD; Neil E. Winston, MD.

Alternate Delegates: James P. Ahstrom, MD; David A. Loiterman, MD; Peter E. Eupierre, MD; Steven M. Malkin, MD; William N. Werner, MD, MPH.

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Henrietta Herbolsheimer, MD Annual Public Service Award

Award winner will be announced at the
65th Annual Midwest Clinical Conference
The University of Chicago (Hyde Park)
April 17-19

Award background and nomination guidelines

The Chicago Medical Society's Henrietta Herbolsheimer, MD, Annual Public Service Award recognizes outstanding contributions, which need not be health-care related, in the fields of local community service and government. The award is intended to better describe to the city of Chicago and Cook County the work of physicians in their communities and to promote the interest of CMS members in participating in civic affairs. Previous award winners have been honored for such achievements as organizing local health fairs and taking part in neighborhood youth programs. The honoree **MUST** be a CMS member, and he or she will be selected primarily on the basis of service contributions to the community. Past presidents of CMS are not eligible until five years after their term of office has ended.

To nominate a physician, please provide the following information in its entirety.

1. Biographical data (please attach an updated curriculum vitae, or attach a sheet giving in 300 words or less the date and place of birth, education, pertinent professional information, and, if desired, family information).
2. Photograph (all nominations should be accompanied by a color, head-and-shoulders photo of the nominee).
3. List the reasons why you are nominating this physician for the Henrietta Herbolsheimer, MD, Annual Public Service Award. The greatest weight in judging will be given for activities that benefit the physician's community. These may include, but are not limited to, the following: (a) leadership and development of special community projects or programs; (b) public offices held; (c) participation in civic and service groups; and (d) participation in educational, charitable, church-related and other projects. Please be specific with dates, offices held, committee memberships, and so forth.

Everyone is encouraged to submit nominations. In the past, a number of nominations have come from the general public. Other nominations have been made by civic groups, hospitals, public officials, friends, medical colleagues, CMS District organizations, and medical specialty groups.

There are many good physicians. Please keep in mind that this award is not only for excellence as a physician, but also for the many things a physician accomplished in addition to his or her professional medical work. **Nominations may be made by letter or by completing the following nomination form, which also can be downloaded from the CMS Web site: www.cmsdocs.org.**

Henrietta Herbolsheimer, MD Annual Public Service Award Nomination form

Nominee (full name): _____
(Nominee must be a member of the Chicago Medical Society. To find out a doctor's member status, call CMS Education Coordinator Elvia Rubio at (312) 670-2550, ext. 338.

Reasons for nominating (public office, service in community, civic and charitable activities.) Please type.

Deadline for receipt of nominations: Feb. 16, 2009

The award will be presented at CMS's 65th Annual Midwest Clinical Conference.

Mail Nominations to:
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Fax: (312) 670-3646

This nomination was made by: _____
Address: _____
Telephone Number: _____
Email _____ Fax _____

Constitutional challenge to medical liability reform

On Nov. 13, the Illinois State Supreme Court heard oral arguments on *Lebron v. Gottlieb Memorial Hospital*, the challenge case to the 2005 medical liability reform law.

FOR THE HEARING THE PLAINTIFF AND DEFENSE were each allocated 30 minutes to present arguments. The three interests (hospitals, physicians and State of Illinois) defending the reform law each spoke and answered questions from justices for about 10 minutes each.

Theodore Olson (representing physicians) spoke first and centered his comments on how the Illinois General Assembly acted rationally to establish the reforms, and the law is narrowly focused to alleviate the medical liability crisis.

Gary Feinerman, representing Gottlieb Memorial Hospital, discussed how compensatory damage award limits have, in fact, been constitutionally permissible under special circumstances under common law and precedent.

Illinois Solicitor General Michael A. Scodro, representing Illinois Attorney General Lisa Madigan, presented arguments reinforcing to the court that the medical liability reform law reached beyond tort reform and was a comprehensive legislative response to the health care access crisis in Illinois.

Michael Gottesman represented the plaintiffs in the case and centered his arguments on the belief that the cap on non-economic damages is unconstitutional.

Although there is no definite timeline for the Supreme Court's decision, ISMS will keep you updated on the latest through the *Reality Medicine* Web site.

Streaming audio and video of the full hearing, as well as background information on the challenge, is available online at www.RealityMedicine.com.

ISMS represents your interest with the AMA

LAST MONTH, PHYSICIANS FROM ACROSS THE U.S. met to debate the latest health care issues and establish formal policies for the American Medical Association.

At this meeting ISMS sponsored four resolutions covering a range of timely topics. Our proposal to exempt physicians from new Federal Trade Commission provisions for creditors intended to protect consumers from "identity theft" was accepted by the AMA.

The ISMS request to call on the FDA to assure the efficacy of time-release mechanisms for generic drugs was reaffirmed to support existing AMA policy.

AMA delegates deliberated our suggestion to study government administrative costs associated with Congress' ongoing failure to repair Medicare's sustainable growth rate formula. They decided such a proposal would be too costly and could inhibit progress at reforming the Medicare physician payment formula in 2009. Similarly, a proposal to study reforming the reimbursement model for JCAHO-accredited correctional health systems was not adopted because delegates believed implementation of this concept could have the unintended consequence of lowering reimbursement rates in some states.

One of the issues generating significant interest at the meeting centered on new Joint Commission standards requiring hospitals to establish protocols for dealing with "disruptive physicians." Your colleagues were bothered by the lack of a clear definition of what constitutes "disruptive behavior" and potential for using this Joint Commission mandate as a means to circumvent due process protocols against vocal physicians.

The AMA plans to work with the Joint Commission to establish clear definitions for a "disruptive physician" and rules to codify due process for claims against doctors.

At this meeting Illinois' Hans Arora was elected chair-elect of the AMA Medical Student Section. Mr. Arora is an ISMS Board member as well as Trustee of the CMS Student District. He currently attends the Northwestern University Feinberg School of Medicine.

For a full recap of the AMA Interim Meeting, visit www.ama-assn.org.

Cook County docs make voices heard in Florida

"The AMA shares President-elect Obama's focus on expanding health insurance coverage and choice through income-related federal subsidies,"

AMA President Nancy Nielsen, MD.

Three pillars of the AMA's health care reform proposal:

- Subsidies that would allow everyone to afford health insurance.
- Individual choice of health insurance.
- Fair market rules, including regulating markets and protecting high-risk patients.

More doctors run for public office

At least 14 physicians will serve in the next Congress, an increase of two seats from the current session, according to the AMA.

Ten of the doctors are Republicans and four are Democrats.

This past November, all nine physicians who ran for re-election in the House of Representatives kept their seats, and three physicians were newly elected to the House. On the other hand, fourteen physicians lost in races against incumbents. Florida Republican and internist Dave Weldon, MD, retired. The Democrat family physician who ran to fill his seat lost to a non-physician Republican. Next month a Republican family physician will run for a seat in Louisiana.

Obstetrics-gynecology is the most common specialty on the Hill, with five doctors counting themselves as ob-gyns; they are followed by family medicine practitioners.

Two doctors serve in the Senate: Tom Coburn (R., Okla.) and John Barrasso (R., Wyo.); neither was up for reelection this year.

"In my humble opinion," says Michael Burgess, MD, (R., Tex.), an ob-gyn who was first elected to the House in 2002, "there aren't enough doctors in Congress. It leaves us with a pretty narrow group of individuals, and it's a little harder to build consensus on common ground." He was quoted in

The Wall Street Journal Health Blog.

CMS, ISMS, and AMA all encourage programs that train and support physicians who run for public office.

CMS leaders at AMA meeting

Physicians from Cook County made their voices heard at the AMA Interim Meeting this month in Orlando, Fla. Attending as part of the Illinois Delegation, they joined the House of Delegates, which considered policies on issues such as the uninsured, reform of the Medicare physician payment system, medical students' loan debt burden, and implementing "green" initiatives in the medical community. Among the policies adopted:

- Support for a ban on artificial trans fats.
- Support for laws against text messaging while driving.
- Reversing the primary care physician shortage.
- Increasing access to care for underserved communities.
- Recognizing the negative health effects of global climate change.
- Principles for a patient-centered medical home.
- Improving health care for military families.
- Permanent Medicare physician payment reform.

Update on earlier resolutions

CMS physicians learned how the AMA has followed up on CMS/ISMS resolutions adopted at previous AMA House of Delegates meetings. Such resolutions include *Elder Mistreatment*; *Study of Universal Health Care Systems*; *Modern Chemicals Policies*; *Toy Safety*; and *Noise Pollution*.

For instance, an *AMNews* editorial opinion focused on elder mistreatment; and the subject was included in geriatric workgroup discussions at the residency level. The AMA also prepared letters in support of the Elder Justice Act. In other actions, the AMA wrote to the administrator of the U.S. Environmental Protection Agency urging restructuring of the Toxic Substances Control Act and development of a more suitable chemicals policy. The

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House also adopted language contained in the CMS resolutions, *Encouraging Green Initiatives* and *Uniform Emergency Volunteer Health Practitioners Act*.

The Interim Meeting ran from Nov. 8-11.

AMA works on permanent Medicare physician payment reform

Recognizing that there is no one pathway to fixing the broken Medicare physician payment system, the AMA is studying various proposals to reform the current system and also help improve the quality of patient care. Some of the specific proposals described at the Interim Meeting include: gainsharing, the medical home model, quality incentives, bundling payments for medical services, and demonstration projects.

"Gaining widespread physician input and con-

sensus for these reforms will help Congress achieve its stated goal of permanent Medicare reform in the next Congress," said AMA Board Member Steven J. Stack, MD.

While seniors and physicians achieved a great victory last summer when Congress stopped the latest Medicare cuts, the AMA must now build on that momentum and use the 13 months left in the time-frame Congress provided, before cuts begin in 2010.

To achieve greater value in the health care system, the AMA adopted principles to create a centralized comparative effectiveness research (CER) entity. CER is needed to help physicians gain knowledge about whether new treatments outperform existing treatments. The new principles include a call for transparent, rigorous scientifically sound research methods, oversight by patients and physicians, and dissemination of research to health care professionals.

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CMS CALENDAR OF EVENTS 2009

February 7

ISMS Board of Trustees Meeting
ISMS Board Room
8 a.m. – 3 p.m.

February 18

CMS Executive Committee Meeting
Chicago Medical Society (4th Floor)
8 a.m. – 9 a.m.

February 7

Polish American Medical Association
Physicians' Ball
Drake Hotel

February 18

CMS Board of Trustees Meeting
Chicago Medical Society (4th Floor)
9 a.m. – 10 a.m.

February 10

CMS Council Meeting
Maggiano's Banquets
6 p.m. – 9 p.m.

February 28

CMS Medical Student
District Meeting
CMS Building (4th Floor)
10 a.m. – 11:30 a.m.

Chicago Medical Society's
Annual Midwest Clinical Conference (MCC) 2009
April 17-19
The University of Chicago



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Chicago, Illinois

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For information, please contact:

Andy Bartucci
312.656.9278
Andy.Bartucci@transwestern.net

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: Michael Boros, *Chicago Medicine*, 515 N. Dearborn St., Chicago, IL 60610; or fax it to (312) 670-3646. If you have any questions, call Mike Boros at (312) 329-7326.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone:(____) _____ Fax:(____) _____

Base price of your ad per insertion (see above) _____

If you want ad responses sent via box #, add **\$5 per insertion** (optional).

Total price per insertion _____

Number of insertions (months) _____

TOTAL AMOUNT DUE _____

Method of payment:

Check/money order (payable to Chicago Medical Society)

VISA MasterCard Account number: _____ Exp. Date: _____

Signature of cardholder: _____

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

Classified policy

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.

CLASSIFIED ADVERTISING

Personnel wanted

INTERNIST/FAMILY PRACTITIONER, PART-TIME. Extra income opportunity. Semi-retired? Need 1-2 days per week filled? Want "no strings attached?" No call, no pager. Fee-for-service work. Interested in pathology and gratifying work serving the less fortunate performing Social Security disability examinations for medical disability applicants? Willingness and desire to learn a thought process specific to disability evaluation is essential and different than the focus of a treating physician. Fun and supportive team. Professional Loop office on Michigan Ave. Join us! Reply to Medical Director via phone at (847) 721-1414; or fax cover letter and CV to (312) 855-0216; or email jrunkeccp@gmail.com.

BOARD-CERTIFIED INTERNIST NEEDED to staff clinics in Northbrook and Northwest side of Chicago. Full- or part-time with flexible days and hours. Richard Ansfield (773) 774-7300.

MILLCREEK TRANSCRIPTION, CLINTON, Iowa, now taking new accounts for clinic work. 20+ years experience. We specialize in clinic notes with quick turnaround time. Priced right. Backlogged? Overflow? Vacation fill-in? Email jmckdaniels@mchsi.com; or call (563) 212-3580.

PHYSICIANS NEEDED FOR FAMILY Planning Center. Chicago and suburban locations. Urology, anesthesia, gynecology, family practice, gastroenterology, and other specialties wanted. Mail CV to attention: Administrator, 1640 N. Arlington Heights Rd., Suite #110, Arlington Heights, IL 60004; or fax to (847) 398-4585; or email administrator@networkci.net.

FULL-TIME OR PART-TIME INTERNIST or family practitioner for busy internal medicine practice in Chicago. Fax CV to (708) 474-4574.

PHYSICIANS' ATTORNEY—EXPERIENCED and affordable physicians' legal services including practice purchases, sales, and formations; partnership and associate contracts; col-

lections, licensing and disciplinary problems; credentialing; and real estate. Initial consultation without charge. Representing practitioners since 1980. Steven H. Jesser (800) 424-0060; 790 Frontage Rd., Northfield, IL 60093; shj@sjesser.com or www.sjesser.com.

CHICAGO—HOME PHYSICIANS IS AN innovative multi-specialty practice focused on house calls to the elderly homebound. We are looking for BE/BC primary care physicians to join our team of over 30 medical staff. Our business model allows you to practice medicine without the headaches of hospital rounds, exhausting call schedules, or the stress of running your own practice. Home Physicians is a leader and innovator in house calls, visiting over 250 patients per day, and utilizing an EMR system. We offer excellent compensation with productivity bonuses, comprehensive malpractice insurance with tail coverage, and company cars for patient visits. For more info, please contact Scott Schneider at (773) 342-4201; or send CV to sschneider@homephysicians.com; or www.homephysicians.com.

PHYSICIANS, STOP WORKING 55-80 hours a week! Mobile Doctors seeks physicians to make house calls to the elderly and disabled. Seeking one part-time and one full-time physician. Practice primary care with patients who really appreciate you. No night or weekend work. A company car and certified medical assistant are provided. Take your time practicing medicine without a waiting room full of patients. Fax CV to John at (312) 640-4496; or call (815) 922-1344; or mail CV to Mobile Doctors, 1229 N. North Branch #210, Chicago, IL 60622.

CONSULTANT TO GET NETWORK provider status with HMOs and insurance companies for clinical laboratory. Phone: (708) 848-1556. Web: www.LowCostBloodTest.org.

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PROMPT MEDICAL BILLING. COMPLETE medical billing service—data entry, claims processing, denials management, payments posting, patient billing. Reliable and affordable! Visit www.promptmedicalbilling.com. Call (847) 229-1557. Toll free (877) 672-8357.

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