



# THE FLORIDA INTERNIST

Newsletter of the Florida Chapter of the American College of Physicians

Volume 9, No.23

Winter, 2007-2008



website address  
<http://www.acponline.org/chapters/fl>

## In This Issue

From the President

Emergency Room Emergency

Associates Meeting March 8-9 Wyndham Orlando Resort

ACP Proposes Solutions for U.S. Health Care Based on a Review of Other Countries

2008 Florida' Chapter ACP Legislative Agenda

Call for Nominations

( more on the Chapter website: [www.acponline.org/chapters/fl](http://www.acponline.org/chapters/fl))

[acpfl@earthlink.net](mailto:acpfl@earthlink.net)

## From The Governor



**Malcolm T. Foster, Jr., MD, FACP**  
[malcolm.foster@jax.ufl.edu](mailto:malcolm.foster@jax.ufl.edu)

## A Call to Action

In the January issue of the Annals, the ACP presented a position paper on the American health care system. I highly recommend that you read the paper (and not just listen to the headlines.) The paper examines health care in a dozen industrialized countries, their positive and negative attributes. The paper concludes that the USA needs a system of universal coverage. The paper stops short of recommending a single payer system, but suggests that we consider both a single payer system and also a multipayer system. Listening to the political rhetoric for the presidential race enforces how close we may be to a change in our health care system.

Physicians are a major stake holder, but by no means the only stake holder in this revolutionary idea. Insurance companies, industry giants, small business, consumers, and hospitals will have a say.

If a change occurs, I want to help redesign the system. I could take a panel of physicians and offer many changes that would immediately provide improvements (and savings). Let's start with preventative care. Let's get every person a Medical Home for coordination of their care. Others might suggest: reduction of visits to emergency rooms, a major shift to generic drugs, mandatory (and paying for) an electronic medical record, reduction of unnecessary surgeries, and reduction of in-hospital care. I could go on, but you get the idea.

In Florida we need continued tort reform. If we

can reduce the cost of malpractice insurance, make our practices more efficient using EMR, and reduce the number of employees by a simpler system, then our overhead might be thirty per cent instead of fifty per cent. Perhaps this is wishful thinking?

Your Florida ACP leadership is busy with weekly trips to Tallahassee meeting with our elected representatives and senators. In the spring we plan a visit to Washington coordinated with other states to influence health legislation. Our first priority is the same as in previous years-preventing cuts in Medicare fees (so called SGR formula). Congress needs to eliminate the current reimbursement system and replace it with an economically sound system, but my best guess is that this change will not happen until after the next national election.

A potentially bright spot is the establishment of several demonstration practices, including one in Tampa, to show the effectiveness of a Medical Home, where total coordination of care falls to the primary care doctor who is reimbursed for these services. This project is a major initiative by ACP and some health insurers.

Finally, what must you do. Get involved. Turn every patient and employee into an advocate for medicine, participate in organized medicine, talk to and write your congressional and state representatives. A call to action!

Malcolm T. Foster, Jr. M.D., FACP  
ACP Governor for Florida



### Florida Chapter ACP Reception

Renaissance Washington DC Hotel

Friday, May 16, 2008

6:30 p.m. - 8:00 p.m.

**Drs. Kay M. Mitchell & Malcolm T. Foster, Jr. request the pleasure of your company at the Florida Chapter ACP Reception, Friday, May 16th. Please join us in welcoming Dr. Stuart B Himmelstein as ACP's incoming Governor for Florida, celebrate new Florida FACPs and share in the conviviality**

## Emergency Room Emergency

Christopher L. Nuland, Chapter General Counsel

It is no secret that there is a crisis in Florida's emergency rooms. Seemingly interminable waits and specialist unavailability frustrate patients, while resource rationing, malpractice exposure, 2:00 a.m. calls and poor reimbursement plague the physicians who are called to staff these facilities.

SB 1372 is the product of an Interim study conducted by the Florida Senate Health Committee Staff that confirmed these alarming trends with regard to Emergency Room access in this state. For instance, the study confirmed that there, indeed, was a paucity of physicians available to take call, and even fewer who were willing to do so. The staff concurred that many reasons existed for the problem, such as poor and nonexistent reimbursement, malpractice liability, and the opportunity to perform services more comfortably and lucratively outside of the hospital.

Rather than addressing the core issues, SB 1372 attempts to address the symptom (i.e., few available physicians to accept call) instead of the fundamental problems. The most problematic portion of the bill would allow AHCA to develop rules that could prohibit physicians from performing elective procedures while on call or from taking simultaneous call at more than one hospital. The first prohibition would create an enormous economic disincentive for a physician to even be on staff, while the second ignores the most fundamental part of the crisis—that there simply are not enough specialists to provide 24/7 coverage at every hospital.

Not all of the bill is bad, The bill authorizes the transfer of medical records between facilities when the patient is transferred (already allowed by HIPAA), and states that a patient may be "stabilized" while still needing further emergency treatment. This latter definition would allow a patient to be stabilized by a hospital that may not possess the optimum specialty coverage and then transferred to a more suitable facility where greater expertise may exist; these definitions could allow both hospitals and their physicians to be deemed "emergency providers," for purposes of liability protection and managed care reimbursement, while still complying with EMTALA laws that forbid the transfer of a patient until he or she has been "stabilized." It is not yet known whether the Trial Bar and the Managed Care Industry will challenge these provisions.

SB 1372 underscores the challenges of health care advocacy. The problems are complex and do not lend themselves easily to quick fixes, and even the most well-intentioned proposals can lead to unforeseen and dire consequences. It is for this reason that advocacy at both the state and federal level is so vital to today's physician. ❖

## CALL FOR NOMINATIONS - Regional Representatives and Awardees

Election for regional representatives to the Governors Advisory Council will be held this summer. There are seats available in all three regions for a three-year term. If you would like to be considered for service on our governing board, please contact the Chapter office 800-542-8461 Ext. 1 in the very near future to request a biosketch form. The Nominations Committee will conclude their selection process in June.

The Awards Committee will also meet to select recipients of various awards for our upcoming Regional Meeting at the PGA Resort and Spa in September. Please review the awards and criteria outlined and send your letter of nomination to P.O. Box 1196, Clewiston, Florida 33440 by May 1st.

**Laureate:** Senior Florida Chapter physician and Fellow of the American College of Physicians who has demonstrated by example and conduct, a commitment to excellence in medical care, education or research and in service to the community and ACP

**Internist of the Year:** for outstanding leadership and dedication to the practice of internal medicine.

**Community Based Teacher:** for contributions to the education of medical students, residents and fellows as an office-based internist.



### Executive Committee

Kay M. Mitchell MD  
904-953-0657

Malcolm T. Foster Jr MD  
904-244-3586

Craig S. Kitchens MD  
352-376-1611

Glen F. Davis, MD  
407-333-2503

Stuart B Himmelstein MD  
561-495-9292

N. H. Tucker, III MD  
904-384-2525

Michael A. Zimmer MD  
727-820-7800

### Editorial Board

H. Frank Farmer MD  
Editor  
Ormond Beach

Michael A. Howell MD  
Orlando

Alex Mechaber MD  
Miami

\*\*\*\*\*

The Florida Internist is the official publication of the Florida Chapter, American College of Physicians. It is published in June, November and January. Deadlines for the receipt of material is one month prior to the publication date.

### Editorial & Publishing Offices

P O Box 1196  
Clewiston, FL 33440  
863-983-3600  
800-542-8461 Ext 1  
acpfl@earthlink.net

**GOVERNORS' ADVISORY COUNCIL**

Jamie S. Barkin MD FACP  
Miami Beach

Mary T. Busowski MD  
Orlando

Pat. Caralis MD JD FACP  
Miami

A Ruben Caride, MD FACP  
Miami

Glen F. Davis, MD FACP  
Lake Mary

Jeffrey M Davis MD  
Oldsmar

Karen Echeverria-Beltran, MD  
Orlando Reg Medical Ctr

N. Lawrence Edwards MD FACP  
University of Florida

H Frank Farmer, MD  
Ormond Beach

Stuart Himmelstein MD FACP  
Delray Beach

Michael A. Howell MD FACP  
Orlando

Craig S. Kitchens MD FACP  
Gainesville

John G. Langdon MD FACP  
Orlando

Joe Lezama, MD  
University of South Florida

Robert Ledford  
University of South Florida

Mitchell Machado MD  
Gainesville

Richard K. Maza MD FACP  
Clearwater

Alex J Mechaber MD FACP  
Miami

N. Stanley Nahman MD FACP  
UF Health Science Ctr - Jax

Kenneth Nix Jr MD FACP  
Mayo Clinic Jacksonville

*Continued Page 4*

**From The President**

**Kay M. Mitchell, MD, FACP**

*mitchell.kay@mayo.edu*



At the beginning of each year I always look back and seek the accomplishments of the past year and try to make plans for the New Year, which will improve my life, my family and my practice. This year is no exception, however, this year is important as my Governorship of the Florida Chapter of ACP ends. In 2003, I went to the first Governor's meeting in Traverse City, Michigan as Governor-elect; I had no idea what lay ahead for our chapter. Since that meeting, the Florida chapter has continued to be a leader in the national ACP in all areas.

Our chapter has always been successful because of our members and our staff. We have had great leadership with all the Governors during these years, but membership defined our success. At this time when the practice of medicine is facing some of the most difficult times in its history with impending Medicare cuts, it is important to remember that as a unit, the Florida Chapter can ride out the storm and continue the improvement of the practice of medicine.

There are many challenges ahead this year for our country and our Chapter. The Presidential election carries great significance for the health of all Americans.. Our healthcare system continues to flounder. It is hard to believe that the U.S. healthcare system has slipped to this point. With all of our science and cutting edge technology, we cannot guarantee basic healthcare for our population. We are not able provide care in our emergency rooms, operating rooms or offices as needed due to liability issues and poor or no reimbursement for services. Patients, who are uninsured or underinsured have no choice for healthcare other than our emergency rooms. Due to budgeting and cuts, our Public Health Service is strapped and is unable to meet the public demands. Other government services such as the VA have also been wounded over the past 4-5 years and continue to be pushed to provide services for our older veterans and the thousands of young men and women from the recent wars in Afghanistan and Iraq.

Our practice of medicine and U.S. healthcare system is past CPR and revival. It is now in Hospice care where it will die comfortably if we do not change this path. We have no choice at this point except an all out war with government regulations, politicians and insurance companies. If all of us do not join this fight to win, the world will lose its best healthcare system. We have to make medicine first on the political agenda this year. With the declining economy and the war in Iraq, medicine will take a back seat in the political agenda this year with the Presidential election unless each one of us and all of our patients fight for our lives. We have to go to Tallahassee and Washington D.C. on every opportunity. We have to force the Presidential candidates to realize that medicine and the healthcare industry are sinking just as fast as the credit and lending giants and with the continued war, and without improved healthcare the U.S. may not survive it's own self-induced disease.

I am very angry that my patients and my practice will die from apathy and politicians who ignore or misunderstand the healthcare system. If we don't fight this out in the election this year, medicine will probably become single payor, poor quality and continue to be handcuffed for our patients.

I have asked many of you for help during the past five years. I need your help; Florida needs your help. We must challenge the Presidential nominees to guarantee that the healthcare system will be made right, we must force the insurance companies to rise to the challenge, to provide better coverage for the patients, more fair reimbursement for the physicians and to push profits toward research and education. I feel that we are in the fight for our lives and together we can win. Our future is in your hands. I challenge you to get in the fight, go to Washington, and vote for medicine.



**Nominations for ACP Governor for Florida**

The Local Nominations Committee will identify two willing and qualified candidates to run in the upcoming election for ACP Governor for Florida. The College will send a solicitation mailing in April to all two-year Associates, Members, Fellows and Masters in the Florida region, asking them to send the names of potential candidates to the Chair, Kay M. Mitchell, MD, FACP, who will then be the immediate past ACP Governor for Florida. The selection process will be completed by May and those names forwarded to ACP Philadelphia. In August a notice of election from the College will be sent and the ballots mailed along with the biographical sketch of each candidate. Those results will be made known to the Governors and each candidate by late November or early December.

# 2008 Florida Chapter ACP Associates Meeting Wyndham Orlando Resort

(Council continued)

## Saturday March 8th

Kevin O'Brien MD FACP  
Lutz

11:30 a.m. Registration / Lunch / Visit the Exhibits

Daniel E. Peters MD  
North Palm Beach

12:45 p.m. Something Is Beri Beri Wrong  
Federico Montalvo, MD, ACP Associate, Orlando Regional Medical Center

Cristina Pravia MD FACP  
Cleveland Clinic Florida

12:55 p.m. An Unusual Suspect Causing Abdominal Pain in an Immunocompromised Patient  
Babatunde Akinsete, MD, ACP Associate, University of South Florida

Bruce Robinson MD FACP  
Sarasota

1:05 p.m. A Case of Fever, Altered Mental Status, Pancytopenia and Respiratory Failure in a 53 Year old Immunocompetent African-American Man  
Raul Perez, MD, Housestaff, University of Florida

Michelle Rossi MD FACP  
Gainesville

1:15 p.m. Q&A

1:25 p.m. Analysis of Thrombotic Profiles in Patients with End Stage Renal Disease Undergoing Hemodialysis  
Andrew Darlington, MD, Housestaff, UF Health Science Center Jacksonville

Kathryn A Stuart MD FACP  
Pensacola

1:35 p.m. A Case of Recurrent Metastatic Insulinoma Successfully Treated with Orthotopic Liver Transplantation  
Lina Aguirre, MD, Housestaff, Mayo Clinic Jacksonville

N H Tucker III MD FACP  
Jacksonville

1:45 p.m. Octreotide for Sulfonylurea-Induced Refractory Hypoglycemia  
Sergio Chang, MD, ACP Associate, Cleveland Clinic Florida

Frederick E. Turton MD FACP  
Sarasota

1:55 p.m. Q&A

2:05 p.m. Double Jeopardy  
Urvashi Vaid, MD, ACP Associate, Mount Sinai Medical Center

Robert M. Walker MD FACP  
Tampa

2:15 p.m. Not All Compressions Are the Same  
Diana Morla, MD, Housestaff, University of Miami

D. Allen Young MD FACP  
Mt Sinai Medical Center

2:25 p.m. Q&A

2:35 P.M. Break / Visit the Exhibits

3:15 p.m. Multi-Slice Computed Tomographic Angiography vs Stress Test on Low Risk Chest Pain Patients  
James Nguyen MD, ACP Associate, Orlando Regional Medical Center

Michael A Zimmer MD FACP  
St Petersburg

3:25 p.m. A Fascinating Turn of Events in a Patient Presenting with Neck Pain and Visual Difficulties  
Angela McMillen, MD, Housestaff, University of South Florida

3:35 p.m. An Unusual Cause of Pericarditis  
Ki Park, MD, Housestaff, University of Florida

###

3:45 p.m. Q&A

4:00 p.m. Effect of Vascular Catheter Failure on Dynamic Hemodialysis Circuit Pressures  
Victor Lopez de Mendoza, MD, Housestaff, UF Health Science Center Jacksonville

4:10 p.m. Hemodynamics of the Dying Process: Is Youth Really Better?  
Nydia Martinez, MD, ACP Associate, Cleveland Clinic Florida

4:20 p.m. Q & A

4:30 p.m. Things Are Not Always What They Seem: Tsukamurella Pneumonia in a Multiple Myeloma Patient  
Carolina De Le Cuesta, MD, ACP Associate, Mount Sinai Medical Center

4:40 p.m. Bronchial Carcinoid and Heart Failure: An Interconnected Diagnosis  
Rhea Sancassani, MD, ACP Associate, University of Miami

4:50 p.m. Q & A

5:00 p.m. Formal Poster Session

6:00 p.m. Reception

## Sunday, March 9, 2008

8:00 a.m. Continental Breakfast  
9:00 a.m. Advocacy for Associates  
9:30 a.m. "Doctors Dilemma"  
11:45 a.m. Awards  
12:00 noon Adjourn

For the complete program, registration information and directions to the hotel go to the chapter website <http://www.acponline.org/chapters/fl>

## ACP Proposes Solutions for U.S. Health Care Based on a Review of Other Countries

ACP offers suggestions to reform the U.S. health care system, based on a comprehensive analysis of well-functioning health care systems of 12 industrialized countries in "Achieving a High Performance Health Care System with Universal Access: What the USA Can Learn from Other Countries," a new evidence-based paper released on December 4th on the Annals of Internal Medicine website. The paper was developed by ACP's Health and Public Policy Committee and approved by the Board of Regents in October, 2007. The paper reflects comments received on an earlier draft from members of the Board of Governors, Board of Regents, ACP Councils, and selected expert advisors.

The paper outlines the ills plaguing the American health care system, and proposes evidence-based recommendations addressing each of them, based on findings of a review of 12 industrialized countries. The paper concludes that the current U.S. health care system-which involves multiple payers without guaranteed coverage (pluralistic model) results in the U.S. lagging behind other countries on access, quality and efficiency of care. The paper proposes two different pathways to achieve universal coverage: a pluralistic system with universal coverage or a single payer system. Rather than endorsing either pathway, ACP calls on the public and policymakers to consider the strengths and weaknesses of each approach. For instance, the paper reports that single payer systems perform well on most measures of quality, satisfaction, access, and administrative costs, but are more likely to result in shortages of services subject to price controls and waiting lists for elective procedures. Pluralistic models with universal coverage do better on giving individuals the freedom to purchase additional services, but less well on measures of equity (access without regard to ability to pay) and administrative costs.

The paper identified lessons from other countries' health care systems that could be applied to the particular political and social culture of the U.S. to achieve a high performing health care system, including achieving universal health insurance coverage for all Americans. To improve the quality of care, ACP recommends building incentives into the system for both patients and physicians, redirecting federal health care policy toward supporting a patient-centered medical home model of care, and developing a national workforce policy to ensure an adequate supply of physicians. To improve administrative cost and burden, ACP recommends creating a uniform billing system for all services, supporting HIT infrastructure with federal funds, and encouraging public and private investment in medical research.

According to David Dale, ACP President, as a result of extensive policy development over the past several years, ACP is uniquely qualified to inform the public debate and the presidential campaign about reforming the U.S. health care system. He notes, "a growing number of studies by health policy experts have exposed the limitations of the U.S. health care system. Our recommendations provide evidence-based solutions to our country's many health care problems -- including the appalling lack of access to affordable health coverage, the impending crisis caused by the insufficient supply of primary care physicians, rising health care costs, and excessive administrative and regulatory costs."

In a continuing effort to inform the debate on health care reform, in December 2007, ACP co-sponsored The National Congress on the Un and Under Insured: From Practical Local and Regional Solutions to State and National Health Reform where the paper will also be presented.

The paper, in addition to an accompanying editorial by Dr. Harold Sox, are available on the website of Annals of Internal Medicine, [www.annals.org](http://www.annals.org). The paper was also published in the January 1, 2008 print issue of Annals.

ACP has also unveiled a new non-partisan ACP Web tool on [www.acponline.org](http://www.acponline.org) that analyzes the health care reform proposals of the Presidential candidates, drawing on the recommendations outlined in the College's position paper. The tool will be updated continually throughout the 2008 election cycle. An online members-only discussion area is also accessible on the College's Web site.

### Council of Associates

Mitchell Machado, MD  
Chair  
University of Florida

Ricardo Garcia, MD  
Mt. Sinai Medical Center

David Wilson, MD  
University of South Florida

Bharat Gummadi, MD  
UF Health Science Ctr - Jax

Christopher Bacani, MD  
Mayo Clinic Jacksonville

Deanna Mullis, MD  
University of Miami

Lior Shamai, DO  
Cleveland Clinic Florida

\* \* \* \* \*

### Membership, Education, and Meetings

Alice Sutton  
P O Box 1196  
Clewiston, FL 33440  
863-983-3600  
863-983-6556 fax  
800-542-8461 Ext 1  
[acpfl@earthlink.net](mailto:acpfl@earthlink.net)

### Legislation, Practice Management, Professional Liability Insurance

Dawn Moerings  
2410 Ormsby Cir  
Jacksonville, FL 32210  
904-771-0503  
904-771-0603 fax  
800-542-8461 Ext 2  
[floridachapterACP@comcast.com](mailto:floridachapterACP@comcast.com)

### Chapter Counsel, Contract Review

Christopher L. Nuland  
1000 Riverside Ave #115  
Jacksonville, FL 32204  
904-355-1555  
904-355-1585  
[nulandlaw@aol.com](mailto:nulandlaw@aol.com)

## 2008 Florida Chapter ACP Legislative Agenda

**Mission: To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.**

### Medicare/Medicaid Reform

- Support: modernizing Medicare through better use of prudent purchasing authority, modernized benefits, coverage for catastrophic expenses and innovative delivery of services
- Support: Medicare as a defined benefit program
- Support: adequate funding of Medicare and revising the flawed Sustainable Growth Rate (SGR) Formula to assure access to care
- Support: Updating the Medicaid Physician Fee Schedule to a level comparable to the Medicare physician fee schedule
- Support: the ACP Patient Centered Medical Home Initiative

### Health Care Market Reform

- Support: allowing providers to bring legal action against health insurers who violate the prompt pay statute
- Oppose any pay-for-performance credentialing that is not transparent and based on quality measures
- Oppose: health plan "hold harmless" clauses

### Tort Reform

- Support: expert witness having either a Florida License or Florida Expert Witness certificate
- Support: clear and convincing standard for medical liability cases
- Support: sovereign immunity for ER exposure
- Oppose: legislative efforts to weaken the amendment 3 provisions
- Oppose: legislative efforts to mandate commercial insurance and/or raise mandatory coverage limits
- Oppose: legislative efforts to weaken the Fabre doctrine

### End of Life

- Support: the continued ability of terminally ill patients and their families to make responsible end of life decisions

### Access to Care

- Support: proposals that are consistent with the ACP plan to provide health insurance coverage for all Americans
- Support: guaranteed patient choice of physician and access to specialty care
- Support: programs to address disparities in health care among racial and ethnic minorities

### Medical Education

- Support: increased financial support of internal medicine graduate medical education
- Support: reduction in debt burdens carried by medical students and internal medicine trainees
- Support: increased CHEC funding for internal medicine residencies

### Patient Safety Improvement

- Support: Confidential non-punitive reporting system for medical errors

### Scope of Practice

- Support: Responsible regulation of retail health care clinics
- Oppose: Efforts to weaken ARNP supervision requirements in primary care clinics
- Oppose: expansion of allied health care professional's scope of practice such as prescribing authority for pharmacists, ARNPs, and psychologists

### Regulatory Reform

- Support: reducing and eliminating unnecessary bureaucratic intrusions into the practice of medicine
- Oppose: public disclosure of complaints prior to a finding of probable cause

### Medical Professionalism

- Support: Primacy of Patient Welfare, Patient Autonomy, and Social Justice



# It Pays To Be a Member *of*

**The Florida Chapter of the  
American College of Physicians**

---

The Florida Chapter of the American College of Physician's is pleased to announce our endorsement of Florida based First Professionals Insurance Company (FPIC) as the official provider of professional liability insurance for Florida Chapter ACP members.

Members in good standing of the Florida Chapter ACP are eligible for a 5 percent discount on malpractice premiums. Florida Chapter ACP members may also be eligible for additional claims-free discounts for even greater savings up to 25 percent.

## **With FPIC There is a Difference:**

- ◆ Florida's largest malpractice carrier
- ◆ Unmatched record of defending Florida doctors
- ◆ Physicians insured with FPIC receive legal defense coverage for investigations by the Florida Board of Medicine and other state and federal agencies at no additional charge.



**First Professionals Insurance Company**

For more information visit our website at [www.firstprofessionals.com](http://www.firstprofessionals.com) or contact Angie Nykamp, Director of Society Relations, FPIC, 800.741.3742, ext. 3071, or by e-mail at [angie.nykamp@fpic.com](mailto:angie.nykamp@fpic.com)

Non-Profit Org.  
U.S. Postage  
**PAID**  
ACP

# THE FLORIDA INTERNIST

BG7063

2008 Florida Chapter ACP Associates Meeting

## Registration Form

Fax to: 863-983-6556

ACP # (found on mailing label) \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_

\* \* \* No registration fee for those who paid 2006-2007 Florida Chapter dues.

**ACP Categories**

- Master
- Fellow
- Member
- Associate
- Medical Student  
Member

**Non-ACP Categories**

- Nonmember Physician \$100 FEE \$ \_\_\_\_\_
- Allied Health Professional (ARNP, PA) \$100 FEE \$ \_\_\_\_\_
- Affiliate Member \$ 50
- Resident / Medical Student No Fee
- Other, Non-Physician (Guests/Spouses) No Fee

Reception Saturday      No Fee but must register      \_\_\_\_\_  
**TOTAL:**      \_\_\_\_\_

\$ \_\_\_\_\_