




Happy Halloween

IN THIS ISSUE:

TOMA Staff Working On Your Behalf	page 5
A Visionary Approach to Health Care for the Elderly	page 6
TOMA Welcomes New Interns and Residents to Texas	page 9
How to Handle Worker's Compensation Claims	page 12



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FEATURES

	Page
Through the Looking Glass <i>Activities at the TOMA State Office on an "Average" Day</i>	5
New TCOT Program to Focus on Quality of Life for the Elderly <i>This program is designed to bridge the gap between the elderly and the community; and the elderly and the healthcare system.</i>	
Texas Hospitals Introduce New Interns and Residents <i>Osteopathic physicians from osteopathic colleges throughout the country have begun their training programs at Texas hospitals and medical centers.</i>	9
Appeals Process in Worker's Compensation Defined <i>This article answers the question: How to handle worker's compensation claims that also involve medical care for non-work related problems</i>	12
TOMA Guidelines for Physician Office Drug Management <i>If you haven't received your copy of this booklet that assists you in finding your way through the maze of regulations, contact TOMA.</i>	18
Attention: TOMA Physician Recruitment Service Available <i>Physicians seeking practice opportunities or searching for other physicians to help in their practice are urged to take advantage of TOMA's Physicians Recruitment Service.</i>	21
In Memoriam <i>Burr Lacey, D.O.</i>	25

DEPARTMENTS

Calendar of Events	4
Important Phone Numbers	4
For Your Information	15
Texas ACPG Update	16
News from the Auxiliary	20
Practice Opportunities in Texas	27

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PHONE

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TOMA Malpractice Insurance Program:
For Premium Rates, 800/366-1432
Enrollment & Information 817/735-2000
Texas College of Osteopathic Medicine 817/735-2000
Dallas Metro 429-9120

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Part B Telephone Unit 214/647-2282
Profile Questions 214/669-7408
Provider Numbers:
Established new physician (solo) 214/669-6162
Established new physician (group) 214/669-6163
All changes to existing provider
number records 214/669-6158

Texas Medical Foundation 512/329-6610
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For DEA number (form 224)

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in Texas 800/392-2040

Calendar of Events



OCTOBER 7-8

"Mid-Year Conference/Legislative Forum"
Texas Osteopathic Medical Association
15 Hours CME
Sheraton CentrePark Hotel, Arlington, Texas
Contact: TOMA
226 Bailey Avenue
Fort Worth, Texas 76107
817/336-0549

28

"Aging Symposium"
Presented by TCOM
Dept. of Medicine & Dept. of CME
Supported by Dallas Southwest Osteopathic
Physicians, Inc.
The Worthington Hotel, Fort Worth
Fee: No Charge
Contact: TCOM, Dept. of CME
817/735-2539

30 - NOVEMBER 3

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Contact: Charlotte Heffler
Texas Academy of Family Physicians
512/451-8237

12-16

AOA Annual Convention
Anaheim, CA

Contact: AOA
142 E. Ontario
Chicago, Ill 60611
1/800-621-1773

MAY 3-5

91st Annual Convention & Scientific Seminar
Texas Osteopathic Medical Association
Westin Paso Del Norte
El Paso, Texas
Contact: TOMA
226 Bailey Avenue
Fort Worth, Texas 76107
817/336-0549

Through the Looking Glass

By Tom Hanstrom

"Tut, tut, child!" said the Duchess. "Everything's got a moral, if only you can find it." (Lewis Carroll, Alice's Adventures in Wonderland Ch.9)

Association is defined in "The Living Webster Encyclopedic Dictionary" as: "The act of associating or state of being associated; connection; union; a society, the members of which are united by mutual interests or for a common purpose." The TOMA staff works on your behalf, fueled by mutual interests, and makes every effort to provide personalized assistance in an increasingly depersonalized society. Hence, we thought it might be interesting to provide members with a "behind-the-scenes" look at activities carried out during an "average" day. Please note the emphasis on the word "average" as some days are naturally more hectic than others. To accomplish this task, one day was chosen at random and activities were logged.

All in a day's work. . .

- "The time has come, the Walrus said, to talk of many things. . ." and so we did. During the course of the day, 89 phone calls were made or received, the gist of such calls encompassing physician referrals to the public; D.O. appointments to state boards; insurance matters; discussion as to the impact of new legislation; planning for various TOMA meetings; possible H & I cases; membership questions and/or updates; and various requests from physicians for booklets, brochures, etc.
- Our trusty mailman brought in 45 pieces of mail, an extremely light amount. Outgoing mail for the day included 300 dues statements; 10 checks; 15 membership applications; letter of recommendation for a member; 128 lists of physicians seeking placement and sites seeking physicians; and 33 various other pieces of correspondence to members.
- Meetings took place with TOMA's H & I consultant; a consultant from CHAMPUS; and a client involved in the Physician's Assistance Program.
- Two reports were typed; the agenda and attachments for a TOMA committee meeting were drafted; and discussion/instruction between various staff members

included desktop publishing, new H & I procedures, and registration for the TOMA Mid-Year Conference/Legislative Forum.

- Labels with which to mail the "Texas DO" were run for the printing company; the cover for the magazine was created; and four articles for the magazine were discussed, researched and written.
- Work progressed on the revision of several manuals, including the Administrative Guide; Personnel Handbook with job descriptions; and the Convention Manual.
- Research and editing continued on a slide presentation of the Association, which is being created for utilization at various internal and external affairs.
- Two complete sets of mailing labels were printed; and the computer was backed up twice for information retention purposes.
- Details for the October 6 Board of Trustees meeting were ironed out, as were the details for the midyear meeting; and several cases of the Physicians Assistance Program were discussed.
- Fifteen checks were posted to various accounts; a monthly analysis of the financial report was drafted; and a TOPAC quarterly report was typed.
- Ten membership files were updated; 150 items were filed; two errands were undertaken; and 250 items were photocopied.
- New pictures were hung in the Board Room; and painting commenced inside the building and in the parking lot.

As revealed by this delineation of tasks, an "average" day at TOMA encompasses a variety of activities. However, involvement and interaction with a host of external entities stretches far and beyond those which are found listed here, as are various internal activities, due to the fact that one day was chosen at random.

TOMA is the largest state osteopathic association in a 46-state area. Your membership costs less than \$1.10 a day — your guarantee is that of a vital association working daily on your behalf, safeguarding your future while preserving your past. ■

New TCOM Program to Focus on Quality of Life for the Elderly



TCOM President David M. Richards, D.O.; UNT Chancellor Alfred Hurley, PhD; and Janice Knebl, D.O., cut the ribbon to open GAP Program facilities.

A visionary approach to health care for the elderly in Tarrant County became a reality on September 6, with the grand opening of the Gerontology Assessment and Planning (GAP) Program.

Located in TCOM's Clinical Research Center at 3600A West Seventh Street in Fort Worth (a block from the TCOM campus), the program was established and supported by TCOM's Department of Medicine and the University of North Texas' Center for Studies in Aging.

Appropriately called GAP, the program is designed to bridge the gap between the elderly and the community; and the elderly and the healthcare system. "Aging isn't a disease, it's a part of living," said Janice Knebl, D.O., GAP Program geriatrician and director of TCOM's Division of Geriatrics. "We're trying to develop a preventive approach with the younger 65- to 75-year-old group, as well as the frail, over-80 group that so often 'falls through the crack.' Our whole program is geared to maintaining the older adult's independence and functional ability." Dr. Knebl is the only osteopathic geriatrician in Tarrant County, and probably the only osteopathic geriatrician in the country who is both fellowship-trained and board-certified.

The GAP Program is preventive medicine at its best, an effective mechanism in which to deal with the unique physical, social and mental problems of older persons, many of which are preventable. Working with Dr. Knebl



Reception guests relax in waiting room of GAP Program facilities.

will be a gerontologic nurse practitioner and a geriatric social worker who will function as a team to reach their goal of helping clients make informed decisions in coping with the changes that often occur with aging.

The program will provide service to individuals 65 years of age and older, as well as their families and caregivers. Prospective clients will be interviewed by telephone and/or in personal interviews. Most individuals who will be selected to participate will be frail and have multiple problems, said Dr. Knebl.

Each GAP client will receive a comprehensive two- to three-hour assessment which may include an examination of the client's physical, mental, nutritional and social wellness; ability to manage daily activities; housing and long-term care needs; ability to cope with chronic health problems; and a review of present medications. "Total, comprehensive assessments like these are not classically performed because they are so time-consuming," explained Dr. Knebl.

Following an assessment GAP staff members will meet with the client and caregivers in generally four to six weeks to present them with a unique written plan of care options. That plan may include further consultation, counseling, referrals and/or caregiver education programs. "This approach enables the elderly person to become involved in their own health care decisions," said Dr. Knebl. However, emergency situations or clients in

need of social resources will be handled immediately, Dr. Knebl noted. Every six months to a year, clients will receive a follow-up phone call from the GAP staff inquiring as to their progress and/or additional needs.

Many older persons are unaware of the multitude of community resources which are available. The GAP Program, through its interdisciplinary team approach, addresses this need by providing specific access. Intervention can oftentimes be as simple as matching a visually-impaired client with a homemaking service for help in cleaning, for example. Perhaps one of the advantages of the GAP Program as it grows in stature will be that of encouraging other fragmented public and private agencies and programs to work together in a more coordinated fashion.

The facilities at the GAP center are designed with the special needs of the elderly and physically handicapped in mind. Entrance from outside and to all inside areas is wheelchair accessible; the waiting room and exam rooms are larger in order to accommodate caregivers accompanying clients; exam tables are lower for easier access; and special gowns have been created for comfort.

Dr. Knebl said that in classic settings, her patients have told her the "problem is waiting." Because scheduling is strictly controlled in the GAP Program, waiting won't be a problem. An advantage for the GAP staff is the client's trip from the waiting room to the exam room will give the staff the opportunity to "watch them walk, which is a good observation of functional status. We're real excited about this," she added.

Although there are few cures in the practice of geriatrics, Dr. Knebl said the ability to maintain or enhance the quality of a person's life is what's important. "You can't go by someone's chronological age. You can't generalize because they don't fit into a mold." In the geriatric field, she noted, "You have to be a sleuth. Most older people are non-complainers." This can become a problem for many physicians who don't ask their elderly patients if they are incontinent, and so on, which can lead to frustration on both the patient and physicians' part. "You want to get them earlier on (before they are in long term care)," stressed Dr. Knebl. Yet even if they are in long term care, it's important to "intervene and try to keep them functional." A couple of patients were about to be discharged from nursing homes this week, she pointed out, emphasizing the importance of intervention.

The three major reasons for institutionalization are mobility and functional problems; dementia, which is complicated due to OTC and/or prescription drugs; and incontinence, which is very unfortunate in that someone normally active becomes homebound at which time isolation becomes a problem.

With complete conviction, Dr. Knebl stated, "Geriatrics is the field of the future." And indeed, in looking at statistical information, there is no doubt as to the growing need for geriatricians in all areas of the country. Nationally, the Census Bureau indicates that by the year 2000, one out of every eight persons will be

65 and over. Even more enlightening is that by the year 2000, the U.S. population will increase by 14 percent yet the 65 and older population will surge by 28 percent.

Locally, census projections from the Texas Department of Health show that Tarrant County's 60-and-older population will number 194,552 by the year 2000, making up 15 percent of the county's total population. Since 1970, Tarrant County's 60-and-older population has doubled (from 78,787 in 1970 to a projected 157,303 for 1990.) Statewide, the Texas Department on Aging projects the state's 60 and older population will number 2.6 million by the year 2000. Taking into consideration this tremendous population shift (in terms of aging), the interdisciplinary team approach with its focus on preventive care may very well become the wave of the future.

The majority of the elderly no longer fit into a stereotype. This population has achieved political and social muscle (consider the AARP and the Gray Panthers.) Dr. Knebl says you can tell preventive medicine pays off just by looking at today's growing number of active senior citizens.

The program does have a tremendous growth potential because family practice residents must now be provided with one month of geriatric training. Dr. Knebl noted that she has already received calls from John Peter Smith Hospital and the Carswell clinic concerning training. "Basically, GAP is the only place to provide this for them," she said.

The University of North Texas will use patient information, which is kept confidential, to compile an extensive data base for research purposes. Additionally, UNT students from various human services disciplines, as well as student and residents from TCOM, will be involved in various stages of the program.

Dr. Knebl grew up in an extended, family-oriented atmosphere and the opportunity to hear the experiences of older people fascinated her. For two summers, she worked as a waitress at a resort for the 65 and older crowd, further selling her on the field of geriatrics. She graduated from Pennsylvania College of Osteopathic Medicine in 1982. After a rotating internship, Dr. Knebl completed a three-year internal medicine residency at Geisinger Medical Center in Danville, Pennsylvania, then a two-year geriatric fellowship at Philadelphia Geriatric Center.

The GAP Program actually began several months ago in the TCOM outpatient clinic and Dr. Knebl said she already has about 50 GAP clients. Her regular geriatrics practice consists mainly of those not needing such a comprehensive approach.

Referrals may come from physicians, families and/or caregivers, individuals themselves or social service agencies. For additional information call 735-2200.

A final note: Guiltily pouring herself a bit of coffee during a press preview of the GAP facilities, Dr. Knebl said, "I'll probably have stomach problems in a few years. I hope I can find a good geriatrician when I'm 90."



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Texas Hospitals Introduce New Interns and Residents

Recently graduated osteopathic physicians from osteopathic colleges throughout the country have begun their training programs at Texas hospitals and medical centers.

Among new interns and residents already training for the 1989-90 year are:

*Corpus Christi Osteopathic Hospital



Ester E. Lyons, D.O.
*Texas College of Osteopathic
Medicine (TCOM) — Intern*



Susan G. Socha, D.O.
TCOM — Intern



Jean Tschuschke, D.O.
*University of Osteopathic Medicine and
Health Sciences (UOMHS),
Des Moines, Iowa — Intern*

*Dallas Memorial Hospital

Tonya Cooley, D.O.
*University of Health Sciences/College of
Osteopathic Medicine (UHS/COM),
Kansas City, Missouri — Intern*

Kenneth Dott, D.O.
TCOM — Intern

Michael Fraser, D.O.
UOMHS — Intern

Susan Garton, D.O.
UOMHS — Intern

Duy Nguyen, D.O.
*College of Osteopathic Medicine of
Oklahoma State University (COMOSU)
Tulsa, Oklahoma — Intern*

Brian Steele, D.O.
UHS/COM — Intern

*Doctors Hospital — Groves

Doug Evans, D.O.
COMOSU — Intern

David Good, D.O.
COMOSU — Intern



*Fort Worth Osteopathic Medical Center

Michael L. Beals, D.O.
TCOM — Intern

George M. Beasley, D.O.
TCOM — Intern

Mary Ann Block, D.O.
TCOM — Intern

Jeffrey L. Butts, D.O.
TCOM — Intern

Jeffrey Wayne Clark, D.O.
TCOM — Intern

David Eduardo Garza, D.O.
TCOM — Intern

Ronald W. Gregory, D.O.
TCOM — Intern

Richard Lorenz, D.O.
TCOM — Intern

Bart Mobley, D.O.
TCOM — Intern

Mark E. Morris, D.O.
TCOM — Intern

Kathryn Elizabeth Schmidt, D.O.
TCOM — Intern

Dennis W. Schuenemann, D.O.
TCOM — Intern

Jeremy R. Smola, D.O.
TCOM — Intern

***Darnall Army Community Hospital — Fort Hood**

(The following are training in the Department of Emergency Medicine Residency Program)

Marco Coppola, D.O.
UOMHS — Intern

Tedd D. Groshong, D.O.
College of Osteopathic Medicine
of the Pacific (COMP),
Pomona, California — Intern

Terry Hinkson, D.O.
Kirksville College of Osteopathic
Medicine (KCOM),
Kirksville, Missouri — 2nd year resident

Jerry L. Karr, D.O.
COMOSU — Intern

Kenneth D. Locke, D.O.
UOMHS — 2nd year resident

Northeast Community Hospital - Bedford



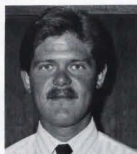
Sarah Birk, D.O.
TCOM — Intern



Denise Dreessen, D.O.
COMOSU — Intern



Minoo Jahani, D.O.
TCOM — Intern

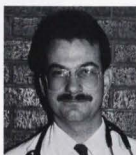


Scott McGuire, D.O.
COMOSU — Intern



Charles Sponsel, D.O.
TCOM — Intern

***Tri-City Hospital - Dallas**



James Robert Biggers, Jr., D.O.
UHA/COM — Intern



Donald Dillahunt, D.O.
UHS/COM — Intern



John Paul Dohanich, D.O.
UHS/COM — Intern



Daniel J. Herlihy, D.O.
TCOM — Intern



Byron John Marr, D.O.
COMOSU — Intern



Susy L. L. Vergot, D.O.
UHS/COM — Intern

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Appeals Process In Worker's Compensation Defined

By Joseph Montgomery-Davis, D.O.
TOMA President

A common problem for all physicians is how to handle worker's compensation claims that also involve medical care for non-work related problems.

For example, a patient who hurts his back on the job seeks medical care for the back injury. As part of the medical workup, an urinalysis is obtained which shows glucosuria. This urinalysis finding necessitates a blood glucose test which confirms that the patient is a diabetic.

The dilemma for the physician is that the care provided to this patient is medically necessary but not considered to be work-related by the insurance carrier for worker's compensation purposes.

When this claim for medical necessary services is submitted to the insurance carrier for reimbursement, they will only pay for those services deemed to be work-related.

What can the physician do to collect his or her full fee for the medically necessary health care rendered to the patient under the worker's compensation program? The answer to this question, or lack of an adequate answer, has caused many physicians to avoid handling any worker's compensation cases. This results in a lack of access to quality health care for patients with work-related injuries.

The question of who is responsible for the medically necessary, but not always clear cut work-related care, is often difficult to determine. One thing is perfectly clear, it is illegal to bill the patient for any work-related care. Because of this dilemma, many physicians are reluctant to bill the patient for any portion of the worker's compensation claim not paid by the insurance carrier until such time that the case is resolved.

When the case is finally resolved, either through settlement or court proceedings, the physician should should receive full payment of his or her bill. However, the possibility exists that the patient could be held responsible for that portion of the bill which was not work-related. In that case, the physician would have to bill the patient to recover his or her full fee.

A significant amount of time can elapse between the initial filing and the final resolution of worker's compensation cases. How can a physician track disputed claims? How can a physician know when disputed claims are finally resolved?

The Texas Industrial Accident Board (IAB) has set up a system of resident reviewers across the state. On disputed worker's compensation claims involving payment of less than the full amount billed or no payment

at all, the following procedure is recommended:

1. Write the insurance carrier a letter requesting full payment of all medically necessary health care charges.
2. 30-60 days after nonpayment or partial payment, contact your IAB resident reviewer in writing and ask to be considered as an Independent Claimant.

Include the following data with your correspondence to the resident reviewer — a) Name of patient; b) Patient's Social Security number; c) Patient's employer; d) Employer's insurance carrier; e) Date of injury; f) Copies of all bills in dispute; and g) Copies of all correspondence with the insurance carrier over the disputed bill.

3. As an Independent Claimant, the physician will by law have to be notified in writing when the disputed workman's compensation claim is finally resolved and can then take appropriate action to recover the full amount billed.

The other side of the appeals process deals with reimbursement problems physicians may encounter for services that are work-related AND deemed to be medically necessary.

Therefore, on disputed worker's compensation claims involving payment of less than the full amount billed or no payment at all (and again, this applies to services which are work-related and medically necessary), the IAB has indicated the following steps to take when appealing:

1. Request a reconsideration of the claim by the particular company (auditor) that has done the audit on the case. The ideal person with whom to speak at this level would be the individual who conducted the audit.
2. If not satisfied, the next step would be to appeal to the insurance carrier adjuster.
3. If still not satisfied, appeal to the claims manager of the insurance company. It should be noted that throughout this process, physicians should document names of persons contacted and the dates.
4. If nothing has been resolved at this point, the physician should contact the regional IAB reviewer for his or her area and request that the IAB grant an award.

Since there are basically two mechanisms for the appeals process (one for work-related and medically necessary claims; one for non-work related and medically necessary claims), physicians should determine which route to follow in order to resolve disputed claims in a more efficient manner.

INDUSTRIAL ACCIDENT BOARD OFFICES

AUSTIN IAB-001

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Royce Pryor

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Nina Aguirre

*Prehearing Examiner

NEW!!!

TOMA Announces The Sponsorship of a New Group Major Medical Insurance Plan

At long last, a *quality* group major medical plan is available for members of TOMA and their families, and members' employees and families.

The new plan is provided by GALAXIA LIFE INSURANCE COMPANY — a leader in Association plans — with enrollment, marketing, and insurance services provided by WILLIAM H. DEAN AND ASSOCIATES.

William H. Dean and Associates are recognized statewide for their expertise in insurance and related matters. TOMA is fortunate to have the services of these two fine organizations.

Coverages available are:

- Major Medical Coverage with Maternity Benefits
Choice of deductibles: \$250 - \$500 - \$1000 - \$2500 - \$5000
- Optional Dental Coverage
- Optional Supplemental Accident Coverage

For information on coverages, costs, and enrollment forms contact:

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Dallas/Fort Worth Metro

FYI

HIV/HBV PREVENTION GUIDELINES AVAILABLE

Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public-Safety Workers, MMWR 1989;38(no. S-6):i-37, has recently been published by the CDC. Copies can be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402-9235. Telephone: (202) 783-3238..

TMA APPEALS RECOUPMENT TO U.S. SUPREME COURT

The Texas Medical Association will appeal to the U.S. Supreme Court to permanently halt recoupment of more than \$13.5 million from Texas physicians and medicare beneficiaries.

TMA filed suit against the Health Care Financing Administration in October 1987 over alleged overpayments from July 1985 to April 1986 as the result of a procedure coding conversion.

The appeals court's ruling to stay the injunction halts the recoupment until the Supreme Court decides whether to hear the case. That decision is expected late this year or in early 1990. If the Supreme Court decides to hear the case, the stay will remain in effect until the high court issues its ruling.

Because the stay was approved, the more than 5,000 physicians and nearly 15,000 beneficiaries affected by the recoupment need not take any immediate action until further notice.

TEXAS INFANT MORTALITY FALLS BELOW U.S. RATE

The Texas infant mortality rate dropped below the national average, according to a recent report from the Southern Regional Project on Infant Mortality.

In 1987, Texas had an infant mortality rate of 9.1 deaths per 1,000 births, below the U.S. rate of 10 deaths per 1,000 births.

The Texas Department of health recently announced that Texas' rate continued to decline in 1988 to nine deaths per 1,000 births. The number of infant deaths has decreased steadily since 1983, when the state's rate was 11.1 deaths per 1,000 births, according to the project report.

Better prenatal programs for low-income pregnant women and women at risk of having problem pregnancies has been credited with the decline. Low birth weight is one of the main factors contributing to infant mortality in the South.

THE SURGEON GENERAL WOULD LOVE THIS

The following observation on tobacco usage is attributed to James I of England:

"Herein is not only a great vanity, but a great contempt of God's good gifts, that the sweetness of man's breath, being a good gift of God, should be willfully corrupted by this stinking smoke... A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomless."

JUDGES ARE DOING IT TOO

Joining doctors and lawyers on the liability bandwagon are some state and federal judges who, according to the Wall Street Journal, have purchased professional liability insurance. However, unlike physicians, the judges aren't digging as deep into their pockets for coverage. One insurer charges \$800 a year for a \$1 million, non-deductible policy.

ALASKA ACHIEVES AOA DIVISIONAL STATUS

The Alaska Osteopathic Medical Association was granted a charter by the AOA House of Delegates on July 16, becoming the last state in the union to be represented by an AOA divisional society. The association currently has 15 members.

PSYCHOLOGISTS MAY FIND GOLD AT RAINBOW'S END

Legislation which would allow Medicare reimbursement to psychologists, who have been lobbying towards this goal for 13 years, has been approved by the House Ways and Means Committee and the Energy and Commerce Committee. Language in the Ways and Means Committee's bill stipulates that psychologists would have to accept Medicare assignment, sets a 50 percent patient copayment and puts a \$1,100 annual cap on such government expenditures per patient. The legislation must now move before the full House and Senate.

AN "A" FOR EFFORT

Those of you who have ducked into a tanning salon or a local convenience store since September 1, should by now be aware of two bills passed by the 71st Texas Legislature. Customers using tanning booths are required to sign release forms stating they are aware of the potential cancer risks posed by artificial sunlight, and persons under 18 must have parental consent to use the booths.

Also on the books is a new law prohibiting the sale of tobacco products to persons under 18. Violations will be a misdemeanor punishable by a fine of up to \$200.

Texas ACGP Update

By Texas ACGP Editor

The issue of certification was discussed in length at the recent Texas ACGP Board meeting in Arlington, Texas, in August of this year.

As a result of this discussion, the Texas ACGP Board voted to support the continuation of the dual pathway for certification eligibility by the American Osteopathic Board of General Practice — either the formal 24-month general practice residency (post-graduate year 2 and 3) or six years of actual general practice plus 600 hours credit of AOA-approved post-graduate work prior to application to the board for examination.

For those D.O.-G.P.s who have less than six years of practice or who meet the six year-600 CME requirement, but have not taken the certification board, a letter stating their board eligibility for hospital staff privilege purposes may be needed.

Letters of eligibility and letters of board eligibility can be obtained if the applicants meet certain criteria.

From year to year, letters of eligibility may be sent to applicants upon individual request who meet the following criteria: 1) graduate of AOA-accredited college of osteopathic medicine; 2) completion of a one-year AOA-approved internship; 3) licensure in state where practice is conducted; 4) member in good standing of the American Osteopathic Association; 5) completion of at least one year in general practice after internship and the documentation per the AOA Individual Activity Report of at least 100 CME hours within the preceding year; 6) submission of application, AOA Individual Activity Report(s) and an annual processing fee.

A letter of board eligibility may be sent to an applicant who meets the six year-600 CME hour requirement, with the exception of passing the appropriate examinations, upon the payment of the application and examination fee and the submission of CME and other documentation as necessary.

Board eligibility is effective for six years and the applicant must successfully complete the examination for certification within that period.

At this time the following osteopathic general practice residency programs are approved in Texas. There are five osteopathic hospitals that are affiliated with the Texas College of Osteopathic Medicine. They are: Fort Worth Osteopathic Medical Center; Dallas Family Hospital; Dallas/Fort Worth Medical Center - Grand Prairie; Doctors Hospital in Houston; and Corpus Christi Osteopathic Hospital. The residency program in Corpus

Christi Osteopathic Hospital is in the planning stage at the present time. Also offering a general practice residency program is Northeast Community Hospital in Bedford, not affiliated with TCOM.

Further information pertaining to this matter can be obtained from George Nyhart, Executive Director of the National ACGP, at 1-800-323-0794.

Another item of discussion at the Texas ACGP Board meeting was the issue of reimbursement of primary care physicians for similar services or procedures. The Board voted to oppose the dual-fee system of physician reimbursement in Texas and to seek its abolishment. The Board's position was that a specific health care service or procedure performed by a general practitioner should be reimbursed at the same level as a general internist or pediatrician. The Texas ACGP supports equity in reimbursement for all primary care physicians in Texas.

The annual meeting of the Congress of Delegates for the National ACGP will take place in March 1990 at the Peabody Hotel in Orlando, Florida. The Texas ACGP delegates and alternates to the 1990 National ACGP Congress of Delegates are: 1) Chairman, Richard M. Hall, D.O., FACGP; 2) T. R. Sharp, D.O., FACGP; 3) R. Greg Maul, D.O.; 4) Constance I. Jenkins, D.O.; 5) Jeannie W. Chadwell, D.O.; 6) Sidney B. Chadwell, Jr., D.O.; 7) Donald M. Peterson, D.O., FACGP; 8) Howard H. Galarneau, Jr., D.O.; 9) Merlin L. Shriner, D.O., FACGP; 10) Rodney M. Wiseman, D.O.; 11) Joseph Montgomery-Davis, D.O.; 12) Robert G. Maul, D.O., FACGP; 13) Royce K. Keilers, D.O., FACGP; and 14) Carla Butts Devenport, D.O.

The alternate delegates are: 1) John H. Burnett, D.O., FACGP; 2) Mary Burnett, D.O., FACGP; 3) Robert Finch, D.O., FACGP; 4) Nelda N. Cuniff, D.O.; 5) Stephen F. Urban, Jr., D.O., FACGP; and 6) Jack H. Gramer, D.O.

If a Texas delegate or alternate is unable to attend this meeting, please let Dr. T. R. Sharp, secretary-treasurer, know at the earliest possible moment. This will enable the Texas ACGP President, Dr. Richard M. Hall to select replacements to that the Texas ACGP will have their full complement of voting delegates at this meeting.

The next Texas ACGP Board meeting will be held in conjunction with the TOMA Mid-Year Conference/Legislative Forum at the Sheraton CentrePark Hotel in Arlington, Texas, on Saturday, October 7, 1989, at 5:00 p.m.

AACOM Elects New Officers

David M. Richards, D.O., FACGP, President of Texas College of Osteopathic Medicine, was elected Chairman of the Board of Governors of the American Association of Colleges of Osteopathic Medicine (AACOM) at its summer meeting in Nashville, Tennessee.

"One of my major objectives," Dr. Richards stated when asked his priorities as new Board Chairman, "will be to further strengthen AACOM's relationship with members of Congress, Federal policymakers and Congressional staff. I think it's important to educate our Washington officials about osteopathic medical education and to instill in them an awareness of all that osteopathic medicine has to offer."

Other newly elected officers of the AACOM Board of Governors include Chairman-Elect Jon Peter Tilley, D.O., President of Philadelphia College of Osteopathic Medicine; Frederick Humphrey, II, D.O., Dean of University of Medicine and Dentistry of New Jersey — School of Osteopathic Medicine, was elected Secretary/Treasurer; and Jack B. Kinsinger, Ph.D., President and Chief Executive Officer of Chicago College of Osteopathic Medicine was named Member-at-Large.

The AACOM, an organization representing the nation's 15 osteopathic medical colleges, was created in 1897 to promote the study of osteopathic medicine.

Congratulations to Dr. Richards. ■

NIAID AIDS Clinical Trials Information Service

The NIAID AIDS Clinical Trials Information Service is a central resource providing current information on federally funded clinical trials for AIDS patients and others infected with the human immunodeficiency virus (HIV). This free service is sponsored by the National Institute of Allergy and Infectious Diseases (NIAID) in cooperation with the Centers for Disease Control. It can be reached by calling toll free 1-800-TRIALS-A Monday through Friday between 9:00 a.m. and 7:00 p.m. (Eastern time).

AIDS clinical trials evaluate experimental drugs and other therapies for adults and children at all levels of HIV infection — from patients who are HIV positive with no symptoms to those diagnosed with AIDS.

This service is available to physicians, other health professionals, HIV-infected individuals, and their families and friends. All calls are completely confidential. A bilingual health specialist is available to talk to Spanish-speaking callers.

Callers can receive specific information on study options, study locations, eligibility requirements and exclusion criteria, participating medical centers, contact persons at study locations, study durations, and specific drugs and other experimental therapies being studied by NIH. Information is updated weekly. Information can be received immediately over the phone or, if requested, callers can obtain a free printout of a custom search of the clinical trials database. Plans are underway to make information available online through the National Library of Medicine.

The Food and Drug Administration is currently developing a similar database with information on the clinical trials being conducted by private companies. ■

WANTED: LOCUM TENENTES

TOMA has been receiving a growing number of requests for names of physicians who do locum tenens. Although we do maintain a file of those physicians who provide this service, the situation is currently such that the demand is far greater than the supply.

If you are interested and able to engage in locum tenens, we would like to hear from you. Please either write or call us with any particulars which would be applicable to your situation, such as type of medical services you perform, what areas of the state you would be willing to cover, and so on. Your name and pertinent information will then be added to our file enabling us to better provide a much needed service to all TOMA members.

Thanks for your assistance.



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Medical Device & Laboratory Product Problem Reporting Program

Funded by the Food and Drug Administration (FDA) and coordinated by the United States Pharmacopeia (USP), the Medical Device & Laboratory Product Problem Reporting Program is a nationally established program to report problems with medical devices, radiological devices and laboratory equipment used in health care. Anything that you consider to be a problem with the quality, performance, or safety of any device or piece of equipment used in medical care is reportable.

Since its beginning in 1973, the program has been successful in identifying and initiating many product design improvements and other corrective actions that have resulted from reports submitted by health care professionals.

Reports may be submitted by completing a form which can be requested by writing United States Pharmacopeia Attn: Dr. Joseph B. Valentino, 12601 Twinbrook Parkway, Rockville, Maryland 20852, or by calling the toll-free number indicated below. USP forwards copies of these reports to the FDA and the manufacturer for review and possible action. You may receive feedback from the FDA and the manufacturer on your observations.

By request, USP can delete your name on the manufacturer's and/or FDA's copy.

Call toll free anytime: 1-800-638-6725. (Note: Remember to use any in-house reporting procedures.)

TOMA Guidelines For Physician Office Drug Management

By now, TOMA members should have received a copy of *TOMA Guidelines for Physician Office Drug Management*. The information contained in this document is a compilation of material from TOMA. The first three sections are summaries of three major areas relating to drug management in a medical practice:

- Physician's authority to supply sample drugs
- Physician's responsibility in obtaining sample drugs
- Physician drug recordkeeping requirements for both controlled substances and dangerous drugs.

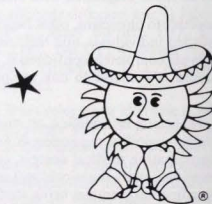
The remaining sections are excerpts of various statutes and rules as they apply to each of the three specific topics. This document was published in the hope that it will clarify the requirements of a multitude of agencies in terms of drug recordkeeping.

The section delineating a physician's authority to supply drugs stems from Senate Bill 788, which amended the Medical Practice Act and became effective June 14, 1989. Also included are labeling instructions as to the controlled substances in Schedules II through V, from the Texas Department of Public Safety, as well as instructions as to dangerous drugs.

Federal Public Law 100-293, Prescription Drug Marketing Act of 1987 (commonly referred to as the Dingle Bill), outlines a physician's responsibility in obtaining sample drugs.

A physician's responsibility as to recordkeeping requirements for both controlled substances and dangerous drugs includes federal regulations as well as state regulations through the Texas Medical Practice Act and the Department of Public Safety.

We hope this booklet assists physicians in finding their way through the maze of rules and regulations in the above areas. If you have not received your copy, please contact TOMA.



Viva El Paso

MAY 3-5, 1990

Junior Volunteering — Work . . . But Worth Every Minute

By Jennifer Buchanan

(Editor's Note: Perhaps we all, at one time or another, have a tendency to temporarily lose our perspective as to the rewarding elements of a job or chosen career. Thus, an account of the positive elements as viewed in a fresh perspective, makes worthwhile reading.)



The junior volunteers of Fort Worth Osteopathic Medical Center have been working at the hospital since the week of June 19, and most of us nearly are into the swing of things, although, occasionally, we end up in the Lab during an endless search for Medical Records.

Junior Volunteers decide how many days they would

like to work, and are given a choice of departments to work in to fill those days. Then, we go to volunteer orientation, and then show up on our first day, without much idea of what we're supposed to do. But, with a little practice, and a little help from the department managers, we manage to make it through June and July, and sail through August as experts.

I've talked to several volunteers (at least, the ones that weren't hidden carefully throughout the endless departments) to find out how they like it, and what they do.

"Volunteering lets you know you're helping people," quips Bindia Morris, who works in Central Services.

Mickelle Nyen, who works in Surgery, transporting patients and running various errands throughout the hospital says, "Sometimes there are slow days, but there is always activity around you."

I found out that the Information Desk is one of the busiest places to work, so I interviewed Ana Orozco, who works there.

"We run errands, deliver flowers, and take admitted and discharged patients to and from their rooms. You get tired, but I enjoy helping people."

Teresa Morris enjoys working in Medical Records because she can meet new people, and it keeps her busy.

Christa Buchanan, who works in Public Relations also, had a few things to say about working there. "It's really

a lot of fun. You run errands all over the hospital, so you get to meet all kinds of new people."

Last, but certainly not least, I interviewed Amy Denson, who has worked the most hours of any junior volunteer all summer. She has worked 170 hours in just one and one-half months! She works in Pediatrics, E.R./Outpatient, and the Information Desk.

"In Pediatrics, I stock shelves, and run errands. In E.R./Outpatient, I go to the Lab, and run to Medical Records a lot. I'm usually pretty tired at the end of the day," she quipped, "but I really enjoy volunteering."

Of course, being a volunteer isn't all work and no play. On July 28, the volunteers spent a day at the Circle R Ranch — swimming, horseback riding, and playing sports.

Ten junior volunteers participated in a Disaster Drill on August 9, in which they were taken to Carswell Air Force Base, bandaged like victims of disaster, and then processed through FWOMC.

Also, some of the junior volunteers took a CPR class. We learned how to perform CPR, the Heimlich maneuver, and what to do if someone has a heart attack. Then, we took a test, and EVERYONE passed and got their certification card!

There also was a Junior Volunteer Awards Party August 17 at Showbiz Pizza. Each junior volunteer received a certificate recognizing the number of hours we had worked. We also received a handful of quarters with which to conquer the video games.

Volunteering keeps you on your toes, and sometimes you'll even go home exhausted. But, sometimes, you'll see a patient in the recovery room (where you work), and a week later, they are up and about, and feeling wonderful. Or when you see a mother in Obstetrics, and three days later, she's going home with her newborn. You feel that you were a part of it, and it makes it all worthwhile — 10 times over.

(Thirteen year old Jennifer Buchanan worked in the departments of Surgery and Public Relations during her first year as a junior volunteer at Fort Worth Osteopathic Medical Center. She is the daughter of Dr. and Mrs. Steve Buchanan. Dr. Buchanan, a TOMA member, practices obstetrics/gynecology and is on the faculty at Texas College of Osteopathic Medicine.) ■

ATOMA NEWS

By Chris Brenner
President, District II

Lizzie Lizard tried to lure him into the car with ice cream. Mickie McMole wanted to come in when Mom wasn't home. Wally Weasel pretended to be a family friend when he wasn't. What's a kid to do?

District II members made these situations come alive for pre-schoolers in Fort Worth during National Osteopathic Medicine Week. For the second year auxiliarians performed puppet shows and distributed coloring books through the Fort Worth library's pre-school storytime. Approximately 500 children attended story time at the eleven branch libraries. Public Health and Education Chairman, Lynn Ranelle, enlisted members of District II, as well as Student Associate Auxiliary members to help make this project a success. In conjunction with Fort Worth Osteopathic Medical Center's NOM Week celebration at North High Mount Elementary, members also read to the kindergarten, first and second grade classes.

B. J. Czewski, Membership Chairman, is organizing an intern/resident sponsorship program for this year. Modelled after the highly successful program in Columbus, Ohio, B. J. is lining up "big brothers and sisters" for the interns and residents.

Sherry Reese, our "official" district hostess, welcomed Student Associate Auxiliary members in her home October 7. Terri McFaul and Anny Buchanan, SAA Chairmen, planned a special brunch for them. We all enjoyed meeting these future auxiliarians.

By Karen Whiting
ATOMA News Chairman

Focus on District XV

Let's Get Acquainted

In this issue we're highlighting Randall and Peggy Rodgers of Arlington. Randy is a G.P. practicing in Fort Worth and Cedar Creek Lake. He matriculated at Stephen F. Austin University in Nacogdoches and then received his D.O. degree at TCOM in 1981.

Peggy has resumed her teaching career after a short break, and is currently teaching kindergarten in Fort Worth. She received her teaching certificate from Stephen F. Austin University with a specialty in elementary ed and art. And, when she's not teaching, you'll find her in the kitchen whipping up something yummy. Peggy was president of ATOMA District XV for two years and is now an officer on the ATOMA state level, serving as treasurer. A real "go-getter," she is a great asset to ATOMA.

CORRECTION:

The next scheduled meeting of District XV will be November 9. Invitations will be mailed shortly.

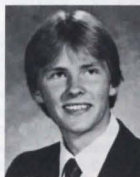
Randy is an enthusiast of radio controlled model airplanes and has participated in contests throughout the region. But he also likes the "real thing" and pilots the "big" planes. Be sure to ask him about the Confederate Air Force when you get the chance!

Both enjoy water sports. They own a boat and can be caught on area lakes water skiing at every opportunity. When the weather turns cold, they simply move north and ski on the snow.

Congratulations are in Order

A baby in the family! Little Joey was born on August 21 at D/FW Medical Center to proud parents Joseph and Mary Eileen Del Principe. Dr. Del Principe is the E.R. doctor at D/FW Medical Center.

Paul Gerstenberg Receives Scholarship Award



TCOM freshman Paul Gerstenberg has been chosen to receive the second annual scholarship award from Doctors Hospital/TCOM Scholarship Foundation in Groves, Texas.

S/D Gerstenberg, son of Mr. and Mrs. Ken Gerstenberg formerly of Beaumont, is a 1985 graduate of West Brook High School. He received his B.S. biology degree in May from Lamar before his acceptance at TCOM.

He is a member of TOMA, the national Freshman Honor Societies, Phi Eta Sigma, Phi Kappa Phi, and a council leader at the Baptist Student Union.

TCOM students from Groves and the immediate surrounding areas are the primary candidates for receiving this scholarship, based upon scholastic achievement, motivation toward patient care medicine, and character. It is awarded annually by the board of directors consisting of Boyd Herndon, D.O., Steve Verret and Marilyn Morrell.

Ms. Morrell, Foundation President, says, "Doctors Hospital and our doctors are proud to be in Southeast Texas and have chosen this as one way to demonstrate that and give back to the community!"

Congratulations to S/D Gerstenberg.

Attention: TOMA Physician Recruitment Service Available

Physicians seeking practice opportunities and those searching for physicians, are urged to take advantage of TOMA's Physician Recruitment Service.

This comprehensive service provides site-seeking physicians with descriptive community and medical facilities information, ranging from population and recreational attractions to the nearest hospital and types of practice currently represented in a given community.

Those searching for physicians are supplied with such details as a physician's training, board certifications, licensure status, type of practice, preference as to community size, and so on.

Utilizers of this free service are asked to complete a detailed form, at which time a summarized version of such information is circulated through the proper channels or, depending on the individual's preference, kept confidential. All information is kept current through periodic inquiries by TOMA.

Physicians who are currently seeking a location as well as persons, hospitals or towns who have practice opportunities available, are urged to utilize TOMA's Physician Recruitment Service. This valuable, free resource is yours for the asking. Call or write TOMA for further details.

Physician Facts

A 10-year look at the physician population licensed by this Board reveals some interesting facts:

- There has been a 22 percent increase in the total number of physicians licensed, from 32,805 in 1979 to 42,011 in 1989.
- In the past decade, the number of physicians practicing in Texas has varied by only two percent. Sixty-eight percent of all licensees are now practicing in the state, a slight increase from 1979 figures. (Traditionally, about two-thirds of all licensees have been in the state, and one-third have kept their licenses active but practiced elsewhere.)
- The percentage of Texas graduates has risen by three percent, identical to the percentage of reduction in those who graduated from other United States medical schools. The figure for foreign medical school graduates has remained unchanged, at 20 percent.
- According to recent statistics on physicians practicing in Texas, 86.2 percent were males and 13.8 percent females.
- Not surprisingly, the three counties with the largest physician population are Harris County with 22.8 percent, Dallas County with 15.7 percent and Bexar County with 9.9 percent. Together, these areas contain almost half of all Texas physicians.

Reprinted from Texas State Board of Medical Examiners Newsletter, Volume 11, Number 1, Summer 1989

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Two Texas Counties to Participate In NHANES III

The National Center for Health Statistics, responsible for producing vital and health statistics for the nation, is conducting a major study of the health of persons living in the United States aged two months and older. The most recent in a series of such studies is the National Health and Nutrition Examination Survey III (NHANES III).

The NHANES programs began in the early 1960's and NHANES III is the seventh of these surveys and will be the largest. Approximately 40,000 individuals in communities throughout the country will be randomly selected to participate in the survey through household interviews and standardized medical examinations in mobile examination centers. Data collection began in September 1988 and will continue for approximately six years at 88 locations across the country.

Counties selected in Texas as survey locations are Hamilton and Bexar. The survey will take place in Hamilton County from October 6 through November 30, with 389 people asked to participate. In Bexar

County, a sample of 641 people will be selected and asked to participate from November 23 through January 25, 1990.

Four areas have special emphasis in NHANES III: child health, health of older Americans, occupational health and environmental health. Data from NHANES III will be made available through an extensive series of publications, data tapes, and articles in scientific and technical journals, and will be used by research organizations, universities, health care providers and educators. Primary data users are the U.S. Public Health Service agencies which collaborated in the design and development of the survey.

Results of NHANES III will benefit the American people in important ways. By identifying the health care needs of the population, agencies of the Government and the private sector can establish policies and plan research, education, and health programs that will help improve the current health status of the population and prevent future health problems.

The Face of D.O.s in Florida — A Survey

The Florida Osteopathic Medical Association (FOMA) commissioned journalism students of the University of Florida to conduct a survey as to how D.O.s are perceived in that state. Although FOMA reports that some of the findings were predictable, valuable information was gleaned on how to attract new patients and keep current ones.

The study surveyed 430 people in all age groups, in all areas of the state. Findings from the study include:

- Of 430 respondents, only 39.1 percent could identify and describe Doctors of Osteopathic Medicine. However, 97.6 percent recognized Medical Doctors and 88.9 percent knew about chiropractors.
- A surprisingly large percentage, 40.5, recognized the term "manipulation therapy," but only 21.9 percent knew its meaning. "Manipulation of the mind" was the most common wrong answer.
- The most common ways in which to choose a physician were through personal reference and family suggestions, with hospital referrals, convenient locations and insurance obligations next in line. Only a handful said they would choose a physician from the

yellow pages and even less are attracted by brochures or advertising via the mass media.

- When asked how physicians can be more considerate to patients, the most frequent responses were: ability to see a doctor for an emergency without an appointment; waiting time of no longer than an hour for a scheduled appointment; a doctor who follows up on their progress; and a doctor who cares enough to find out how a patient's personal life affects his or her health.
- More than 90 percent believe the human body has the natural ability to heal itself. Respondents strongly disagreed with the statement, "the best approach to health care is to treat only the disease."
- A majority 60.9 percent prefer a specialist, while 31.2 percent prefer a general practitioner for a problem that could be treated by either at the same cost.

FOMA reports that knowledge about D.O.s was lowest in the 21-29 age bracket, a problem that must be addressed as these people are now at a point in their lives when health care is an issue.

Iodinated Contrast Agents Carry Revised Warning Labels

The FDA reports that the labeling of nonionic iodinated contrast agents used in angiography has been revised to warn that clotting has been reported in some cases when blood remains in contact with syringes containing nonionic contrast media.

A labeling change has also been added to the package inserts of ionic contrast media. Although these agents inhibit blood coagulation in vitro to a greater extent than nonionic agents, it is nonetheless prudent to avoid prolonged contact of blood with syringes containing ionic contrast media.

Serious, rarely fatal, thromboembolic events causing myocardial infarction and stroke have been reported during angiographic procedures with both ionic and nonionic contrast media. Therefore, meticulous intravascular administration technique is necessary, particularly during angiographic procedures, to minimize clotting and thromboembolic events. Numerous factors, including length of procedure, catheter and syringe material, underlying disease state, and concomitant medications,

may contribute to the development of adverse events.

In analyzing the potential problems with iodinated contrast agents, researchers and clinicians have experienced difficulty in distinguishing between thromboembolic episodes that occur due to atherosclerosis in patients undergoing the procedure and events due to clots.

Therefore, meticulous angiographic techniques are recommended, including: ● close attention to guidewire and catheter manipulation; ● use of manifold systems and/or three-way stopcocks; ● frequent catheter flushing with heparinized saline solutions; ● minimizing the length of the procedure. The use of plastic syringes in place of glass syringes has been reported to decrease but not eliminate the likelihood of in vitro clotting should blood enter the syringe.

Health professionals can help the FDA compile data on the adverse reactions to these agents, as well as observations of in vitro clotting, by reporting these events to the manufacturer or the FDA. ■

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Tyler, Texas 75701

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1400 West Southwest Loop 323

Report on the United States Mexican Border Public Health Association

By John J. Cegelski, Jr., D.O., FACGP
Chairman, TOMA Environmental Health & Preventive Medicine Committee

The United States Mexican Border Public Health Association is an active organization dedicated to the public health problems of the Texas Mexican Border, dealing with maternal child health care, rabies control, immunization, AIDS, water purification of the river (Rio Grande), drug abuse, and the health problems dealing with millions of undocumented Mexican workers who are working in the United States and Texas.

The pollution problems involving both Mexico and Texas have attracted the Bush Administration to seek, through the State Department, an appointment of an office titled, "Border Affairs of the U.S. Government."

Mexico has about 85 million people; more than France, West Germany or the United Kingdom, and three times as many as the United States' northern neighbor,

Canada. By the year 2000, Mexico City alone, already the world's largest metropolitan area, will have close to 29 million people. This, of course, will create a greater health and pollution problem at the border level that will affect every physician practicing in every part of Texas.

The United States Mexican Border Public Health Association is seeking active members to become involved in border public health affairs. CME credits are obtainable for attendance at their three meetings per year and an annual meeting held every other year in Mexico. Information on becoming a member of the United States Mexican Border Public Health Association may be obtained from the TOMA office or by writing John J. Cegelski, Jr., D.O., FACGP, 2806 West Southcross, San Antonio, Texas 78211.

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WILLIAM H. DEAN, D.O.
Member, American College of Physicians

In Memoriam

Burr Lacey, D.O.

Burr Lacey, D.O., of Quitman, Texas, passed away June 8. He was 88 years of age. Services were conducted on June 11 at Asmusen-Cain Chapel, Quitman, with burial in Quitman City Cemetery. Pallbearers were Lloyd Sullivan, Homer Turner, Jr., Rayford Willbanks, Ron Daniels, D.O., Arlin Ray Harris, D. L. Newsom, Howard Blackwell and Bill Robinson.

Dr. Lacey was born October 8, 1900 in Beloit, Kansas. He attended the University of Kansas at Hays and received his D.O. degree in 1934 from Kansas City College of Osteopathy and Surgery. After graduation, Dr. Lacey practiced in Kansas until 1944, at which time he moved to Rusk, Texas. In 1950, he located in Quitman, where he maintained a general practice until his retirement in 1974. At the time of his retirement, Dr. Lacey was chief-of-staff of Wood County Central Hospital, associate staff member of Doctors Memorial Hospital in Tyler, and courtesy staff member of Winnsboro Hospital.

An active member of TOMA District III, Dr. Lacey and his wife, Donna, were honored by the district upon the event of his retirement. H. George Grainer, D.O., secretary of District III at the time, mailed district meeting notices proclaiming November 16, 1974 as "Burr Lacey Night." The notice stated, "District III seeks to honor this pioneer East Texas osteopathic physician and his wife by dedicating this meeting to them..."

In the 1950's and '60's, the Lacey's were involved in the Companion Collie Program, which furnished blind children with guide dogs. The project was developed by Dr. Lee Ford, an internationally famed geneticist, who scientifically bred a strain of Smooth Collies that proved adaptable as guide dogs for children. The Lacey's were instrumental in raising and training many of Dr. Ford's collies which were subsequently placed with blind children.

Dr. Lacey was a life member of both TOMA and the AOA. He was a 63-year member of the Masonic Lodge and had recently been presented with a 60-year pin by the Grand Lodge of Texas. His final membership was at Flora Lodge No. 119 in Quitman. He was a member of the First Baptist Church, Rotary Club, Order of the Eastern Star, all of Quitman, and a charter member of Quitman Chamber of Commerce.

Survivors include his wife, Donna; a sister, Mrs. Vaughn Russell of Albuquerque, New Mexico; and several nieces and nephews.

The family requests that if desired, memorials be made to Cal Farley Boys' Ranch in Amarillo or to a charity of choice.

TOMA extends its condolences to the family and friends of Dr. Lacey.

AGING SYMPOSIUM

Saturday, October 28, 1989

The Worthington Hotel
Fort Worth, Texas

PRESENTED BY

Texas College of Osteopathic Medicine
Department of Medicine
Office of Continuing Medical Education
supported by
Dallas Southwest Osteopathic
Physician's, Inc.

Registration fee and banquet are being
funded through contributions from
Merck Sharp & Dohme.

OBJECTIVE

To bring the primary care physician the latest advances in the special therapeutic considerations in treating the older patient with multi-system involvement. You will benefit from an update in rheumatology, nephrology, gerontology, and cardiology.

ACCREDITATION

3.5 credit hours Category 1-A from AOA

INFORMATION

For information concerning this program
contact Tracey Delk at (817) 735-2539.

PROGRAM

1:00 - 2:00 p.m.

Registration/Refreshments

2:00 - 2:40 p.m.

Aging Population and Special Concern
for Older Patients
Janice Knebl, D.O.

2:40 - 3:20 p.m.

OA in Older Patients
Bernard Rubin, D.O., F.A.C.P.

3:20 - 4:00 p.m.

Break/Refreshments

4:00 - 4:40 p.m.

Older Hypertensive Patient
Jeffrey Bleicher, D.O.

4:40 - 5:20 p.m.

CHD in the Elderly: Myth or Reality?
Michael Clearfield, D.O., F.A.C.O.I.

5:20 - 5:40 p.m.

Panel Discussion

5:40 - 6:30 p.m.

Cocktail Hour (open)/Hors d'oeuvres

6:30 - 8:00 p.m.

Steak and Shrimp Banquet/
Meet the Professors

PROGRAM CHAIRMAN

Janice A. Knebl, D.O.
Assistant Professor
Medicine (Geriatrics)

Medicaid Provider Procedures Manual

A copy of the 1989 Medicaid Provider Procedures Manual was mailed to all providers in August. Upon receipt of the new manual, the 1988 manual should be discarded. Providers who did not receive a new manual by the end of September should notify NHIC in writing at the following address.

National Heritage Insurance Company
11044 Research Boulevard Building C
Austin, Texas 78759-5239
ATTN: Provider Enrollment Unit

Fort Worth Osteopathic Medical Center Named "Institution of the Year"



John P. Hawkins, executive vice president, proudly displays FWOMC's "Institution of the Year" award after receiving it from Anna Hinsey, HUC (center) and Jan Bumgarner, HUC Staffing Coordinator.

The National Association of Health Unit Clerks/Coordinators (NAHUC) held its eighth annual convention, "Climbing the Career Ladder," in Nashua, New Hampshire August 9 - 12. At the convention, NAHUC named Fort Worth Osteopathic Medical Center "Institution of the Year."

FWOMC has backed NAHUC since receiving information about the organization in 1982. In 1988, they co-hosted the annual convention in Dallas. The hospital co-

hosted the Region 4 meeting and workshop in 1989. In addition, the Health Unit Coordinators at FWOMC actively are involved in the Metroplex Chapter of HUCs.

This year, the national convention addressed the issues of job descriptions/HUC's of the 90's and career ladders, independent transcription, the role of the HUC supervisor, accreditation of HUC programs, HUC proctors and clinical evaluations, organ donation and transplantation, the MRI and worth, humor and healing.

Those in attendance from FWOMC were Anna Hinsey, HUC from 5 Tower and Region 4 Representative; Mary Hinsey, RN; Linda Osment, 3-11 RN Supervisor; Arthella Wilhite, HUC from 6 Tower and President-elect for the HUC Metroplex Chapter; and Jan Bumgarner, HUC Staffing Coordinator and Treasurer for the HUC Metroplex Chapter.

The Health Unit Coordinator's general responsibilities include transcription of physician's orders, coordination of the health unit and patient processing. The HUC must keep current with the everchanging health care field.

NAHUC provides continuing education credits for NAHUC approved seminars and workshops. NAHUC also offers an annual national certification exam. Currently, there are over 12,000 certified HUC's. ■

AOA Leadership Meets With New DHHS's Secretary Sullivan

AOA President William Voss, D.O., President-Elect Mitchell Kasovac, D.O., together with Frank McDevitt, D.O., chairman of the Council on Federal Health Programs, AOA Board Member William Anderson, D.O., Executive Director John P. Perrin, and Director of Government Relations Elizabeth Beckwith, met recently with newly appointed Secretary of the Department of Health and Human Services Louis W. Sullivan, M.D., at his offices in Washington, D.C.

While Dr. Voss indicated that the purpose of the meeting was to "get acquainted," he noted that "Dr. Sullivan was very well versed and complimentary about our profession and, in particular, its commitment and success in delivering primary health care services in areas of need."

During the one-hour session with Dr. Sullivan and several senior DHHS staff members, the Secretary outlined some of his health agenda and solicited AOA's opinion and concerns.

The AOA has invited Dr. Sullivan to keynote the forthcoming AOA Convention and Scientific Seminar in Anaheim, California, November 12-16, 1989.

AOA representatives have met with every HHS secretary over the past 15 years.

ATTENTION:

Insurance Equities Corporation
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Their new address is:

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535 Middlefield Road, Suite 120
Menlo Park, California 94025

The local telephone number remains the same
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FULL AND PART-TIME PHYSICIANS WANTED — for several primary care/minor emergency clinics in the D/FW area. Flexible schedule, excellent potential for growth and financial success. Please send resume or contact: Steve Anders, D.O., Medical Director, Ready-Care Medical Clinic, 4101 Airport Freeway, Suite 101, Bedford, 76021; 817/540-4333. (40)

ASSOCIATE NEEDED — for expanding general practice in East Texas. Guaranteed income with a future. Contact: Steve Rowley, D.O., 214/849-6047 or Mr. Olie Clem, 214/561-3771. (08)

WANTED — Family practitioner to locate in underserved area. For further information, please call 817/735-4466. (05)

LYNN COUNTY HOSPITAL DISTRICT — in Tahoka, Texas and the surrounding community are seeking general practice and/or family practice physicians to assume established practices. Modern progressive hospital with clinic facilities, excellent financial incentives, vacation coverage and CME time. Located near Lubbock universities and cultural activities. Please contact Louise Landers, Administrator, Lynn County Hospital District, Box 1310, Tahoka, 79373 or call 806/998-4533. (53)

ATTENTION RETIRED OR SEMI-RETIRED PHYSICIANS — Interested in maintaining your medical skills on a part-time basis providing care to active senior citizens in the Dallas/Fort Worth, Houston or San Antonio area? We provide flexible schedules, a competitive salary, and offer challenging medical evaluation in an atmosphere of friendly patient-physician interactions. Contact us today, we need your expertise. Senior-Care 214/358-0421. (04)

APPLICATION BEING SOUGHT — for Assistant or Associate Professor position to teach and practice in the Department of Manipulative Medicine. Salary negotiable. Please submit C.V. to Jerry Dickey, D.O., TCOM, 3500 Camp Bowie Boulevard, Fort Worth, 76107. TCOM is an Equal Opportunity Employer. (07)

OFFICE SPACE AVAILABLE

MESQUITE: Office for lease, 1800 sq. ft. Medical equipment for sale — OB/Gyn table, pediatric table with scales, treatment tables, examining tables, EKG machine, autoclave, microscope (American Optical 10/.24 (4 years old), miscellaneous surgical tools. Call evenings Mrs. Brunhilde Nystrom, 214/285-5580. Make offer. (39)

SPECIALIST WANTED — to sublet/share 900 sq. ft. office space across from D/FW Medical Center with surgeon. \$350 + 1/2 electric. Call 214/988-9900. (52)

MISCELLANEOUS

RECONDITIONED EQUIPMENT FOR SALE — Examination tables, electrocardiographs, sterilizers, centrifuges, whirlpools, medical laboratory equipment, view boxes, weight scales, IV stands and much more. 40-70 percent savings. All guaranteed. Mediquip-Scientific, Dallas, 214/630-1660. (29)

ATTORNEY — representing the D.O. in professional matters, including: TSBME formal and informal hearings; medical staff privileges; contracts; Professional Associations; partnerships; and leases. Robert J. Ratcliffe, 1104 Nueces, Suite 4, Austin, 78701; 512/477-2335. (Fully licensed attorney in Texas and Tennessee; not certified as to specialty; 1979 graduate Vanderbilt University Law School). (50)

FOR SALE — Coulter CBC Machine, approximately 3-years old. Also, sublease a Dupont Analyst Blood Chemistry Machine. Call 214/985-8199. (36)

FOR SALE — Refloton Chemistry Analyzer, 7 months old; \$5000 new plus \$300 in reagents/standards; asking \$4000. Call 512/520-1718 after 6 p.m. (31)

FOR SALE — Dodge Ram Mini, 150 Custom Van with electric wheel chair lift and over center tie downs. Original owner. Like new, 2900 actual miles. \$10,500. Contact: Kenneth Ross, D.O., Route 3, Box 1347, Tyler, 75705; 214/566-2364. (41)

FILM ABOUT OSTEOPATHY — Students for the Advancement of Osteopathic Medicine at UHS-COM in Kansas City have put together an explanation of osteopathic medicine on VHS format. This video is designed to acquaint the student with the benefits of choosing osteopathic medicine as a career and to dispel misconceptions which have pervaded Pre-Medical advisors concerning our profession. We would like for practicing physicians to have this available for their use. There is no charge for this video. Interested D.O.s may obtain a copy by writing to: S.A.O.M., c/o Alvin C. Bacon, 426 Gladstone Blvd., Kansas City, Missouri, 64124. (48)

FOR THE BEST DOVE AND MUY GRANDE DEER HUNTING, write Gene Falson, 203 E. 2nd, Rio Grande City, Texas 78582. (45)

SKI NORTHERN NEW MEXICO — Including Taos, Angel Fire and Red River. Condo in Red River sleeps eight comfortably. Call Stan or Priscilla, 817/441-9373. (11)

WANTED: Used Diathermy Machine. Contact Dr. Mohny, 713/626-0312. (02)

POSITIONS DESIRED

GENERAL PRACTICE PHYSICIAN — seven years experience in solo and group practices of medicine and surgery. Has own insurance, wishes to work mornings part-time in the D/FW metroplex. Available Monday through Saturday, 8:00 a.m. until 12:00 noon. Why leave your office closed one day a week when the overhead continues? I can make your practice more profitable. Call me! Metro 817/429-4140. (43) ■

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