



THE NEW YORK

SPRING 2009

PODIATRIST

Published by the New York State Podiatric Medical Association • New York's Only Foot Specialists Since 1895

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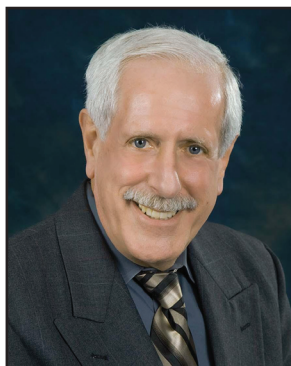
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President's Message Scope of Practice Special



On April 27th and 28th, Vito Rizzo, Robin Ross, Rich Altwerger, Len Thaler, myself and our lobbying firm met with the leadership of the State Senate and Assembly. The meetings were with the Chairman of the Assembly Health Committee-Richard Gottfried, Chairperson of the Assembly Higher Education Committee-Deborah Glick,

the Chairperson of the Senate Higher Education Committee-Toby Ann Stavisky, as well as our sponsors in both the Senate and Assembly, Jeffrey Klein and Gary Pretlow. The meetings were very detailed and productive.

I am reasonably optimistic that we will be successful in the Senate. We have a face to face meeting with the MSSNY and our chief sponsor in the Senate Jeff Klein in the next week or two. Our main obstacle remains the Assembly. We hope the combination of success in the Senate and individual podiatrists' visits to the district offices will help get us over the hump in the Assembly. **THE TIME TO ACT IS NOW.** This is PHASE TWO OF LOBBY DAY and we need you.

Your legislators are usually in their district offices on Thursdays

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THE NEW YORK PODIATRIST

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NYSPMA Mission Statement

To promote and pursue manifest excellence in all aspects of the art and science of podiatric medicine; to promote appreciation for that excellence on the part of patients, policy makers, other health care professionals, and the public; and to seek conditions and environments which support optimal practice and patient care. Toward these ends, this Association unites into one organization, those doctors of podiatric medicine who dedicate themselves to its principles, standards, and ethical guidelines and who express this high dedication in daily practice.

Save The Dates!

June 5-7, 2009

Friday-Sunday

NYSPMA 113th House of Delegates

The Otesaga Resort Hotel

Cooperstown, NY

Sept. 25-26, 2009

Friday-Saturday

2009 Shuffle Off to Buffalo Podiatric

Medical & Surgical Seminar

Buffalo Marriott Hotel, Amherst, NY

Oct. 16-17, 2009

Friday-Saturday

SCPMA's (Suffolk) 3rd Annual

Fall Seminar

Islandia Marriott Long Island,

Islandia, NY

Oct. 24, 2009

Saturday

Northeastern Division's 5th Annual

Capital Conference

Desmond Hotel & Conference Center

Albany, NY

Upcoming Division Meetings - MAY

18 • Monday

6:30 pm Mid-Hudson Division Meeting
Cosimo's on Union, Newburgh; Review of Scope of
Practice Bill-Sponsored by Chad Joshpe, MetLife

19 • Tuesday

7:00 pm Kings Division Meeting
Austin Steak House, Bay Ridge
Sponsored by Smith & Nephew

19 • Tuesday

7:00 pm New York Division Meeting
Rue 57, New York City
Vicken N. Pamoukian, MD
Paradigm Shift in the Treatment of Peripheral Vas-
cular Disease: What the Latest Studies Show Spon-
sored by Cordis Endovascular

19 • Tuesday

7:00 pm Northeastern Division Meeting

JUNE

9 • Thursday

6:30 pm Bronx Division Meeting
Frankie & Johnnie's Pine Tavern, Bronx
Sponsored by PharmaDerm

9 • Thursday

7:30 pm Suffolk Division Meeting

15 • Monday

7:00 pm Kings Division Meeting
Sponsored by MetLife Insurance Company

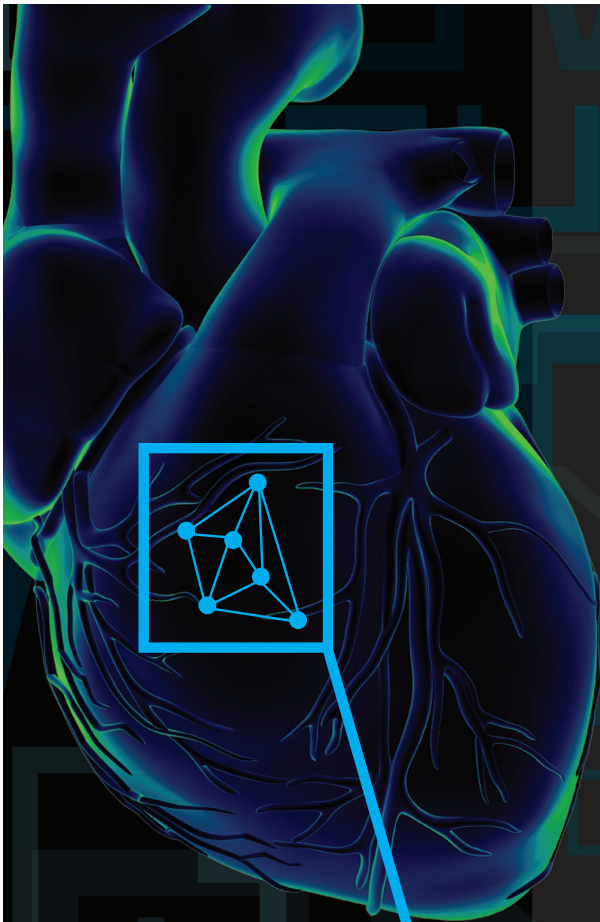
16 • Tuesday

7:00 pm Northeastern Division Meeting

22 • Monday

6:30 pm Mid-Hudson Division Meeting

The information that is contained in this publication has been obtained from reliable sources and is believed to be accurate. However, the New York State Podiatric Medical Association and its employees are not responsible for any errors or different interpretations by the carriers or any insurance company.



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President continued from page 1

and Fridays. Please make calls to set up appointments to see them next week. Just like when we went to Albany, packets are available with our talking points and the merits of our case. There are packets to leave with the legislator and for us to work with. The packets are all available on our web site at www.nyspma.org.

If you do not know who your legislators are, then follow these directions:

- On the left side of the page, find and click on the CAPWIZ Legislative Center box.
- When you reach the Capwiz page, you will see 'MY ELECTED OFFICIALS' section halfway down the page. The President, New York State Governor and New York State Senators will already be filled in.
- Type in your full address, then click 'GO'. (It is easier to type in your full address than your zip code because many districts are split between zip codes.)
- You will now see a full list of your elected officials. You may click on any name to view their bio or contact information. Click 'Home' on the top of the section to return to the full list and view another official. When you get the contact information, call the local office and make an appointment. If you need assistance, call the NYSPMA office.

It may be easier for you to go with someone. Please coordinate the visits with your division president, and after you go, let us know the outcome. We need you to set up these visits this week and next week. Have your office staff download the packets and make the appointments.

This is a doable project for THIS legislative session. But we can only be successful with YOUR help. **PLEASE DO YOUR PART!**

Skin Substitutes Update

In addition, over the past two years much hard work

has gone into securing appropriate coverage for skin substitutes in New York. I have received feedback from many members of the NYSPMA and I am quite pleased to say that your voices have been heard.

Before becoming President, I served as a Carrier Advisory Committee (CAC) member to the three New York State carriers that are now National Government Services (NGS). Working with Joe Sciandra and Paul Kesselman, we have tried to represent the needs of the Podiatric community to NGS. Our common goal has been to make sure our patients have access to advanced therapies to treat diabetic foot ulcers and stasis ulcers. I am very pleased to announce that we have made tremendous progress towards this goal.

Effective April 1, 2009, NGS Medicare finalized their updates within the existing Skin Substitutes local coverage decision (LCD) for Dermagraft and Apligraf. Below are some highlights of the positive changes that affect you and your patients:

1. NGS now recognizes the new 2009 HCPCS Q codes, specifically Dermagraft (Q4106), Apligraf (Q4101), and Oasis (Q4102).
2. The NGS articles for Dermagraft (A46090) and Apligraf (A46092) include ICD-9 diabetic coding series 249.xx which expands coverage for more patients.
3. Coverage for skin substitutes lists diagnosis codes 707.12-707.15, which represent ulcers on the ankle, heel, mid-foot, and other parts of the foot and toes.
4. A revision to Dermagraft Article (A46090) removed the restriction of the use of modifier-58 for staged procedure CPT 15365.

As always, I am open to comments or suggestions on any of our ongoing projects. Please feel free to email me at presidentnyspma@aol.com.



APMA House of Delegates, March 21-23, 2009

As in recent years, New Yorkers were very prominent in the deliberations of our national annual House of Delegates. Dr. Mark Schilansky served as Speaker, Dr. Robin Ross as Credentials Chair, Dr. Roy DeFrancis gave the invocation, Dr. Barry Block was Vice Chair of the Resolutions Committee, and Drs. Robert Russo and Michael Wodka were the timekeepers.

Two very important issues were addressed in a positive fashion. First, just before the meeting, we were informed that APMA would undertake a new limb salvage study, by a nationally recognized research firm. The goal remains to demonstrate definitively the positive economic impact of podiatric intervention in diabetes and peripheral vascular disease.

The second was agreement to dramatically expand the budget for legislative and legal assistance grants available through a competitive application, from \$40,000 last year, to \$250,000 this coming year.

In addition, our delegation spent considerable time meeting with the full range of national organizations involved in podiatry school and in residency training policy matters. We focused attention on the barriers to achieve both residency genesis and retention, which of course are key to achieving our national Vision 2015.

We concluded with two days of visits on Capitol

Hill to each of New York's 31 Congressmen and Senators, focusing on inclusion of podiatry in the Medicaid Title 19 program. We received a warm reception overall, and were able to increase the number of representatives supporting this critically important bill.

I would like to recognize Dr. Roy DeFrancis for his outstanding service in the role of Chief Delegate. It is not always easy to balance our time and resources, given the urgent issues and competing priorities. As he always does, Roy handled this challenge with equanimity and grace. It was a great pleasure seeing our excellent delegation team in action.



Congressman Chris Lee and Dr. Roy DeFrancis

Help for the Uninsured

Ian McElroy, a 29-year-old musician living in the Bronx, was experiencing excruciating foot pain last January. McElroy is among the 13.2 million young adults who are uninsured, so a visit to a doctor in his mind was not an option. After doing research on WebMD, he diagnosed himself with plantar fasciitis, a painful inflammatory condition of the foot caused by excessive wear to the plantar fascia that supports the foot arch. He describes his pain as an 8 out of 10, and wasn't able to walk other than on his tip toes, making matters worse. He was essentially out of commission for two weeks.

Then in February, McElroy was featured in a New York Times article about young adults who have succumbed to “do-it-yourself” healthcare.

http://www.nytimes.com/2009/02/18/nyregion/18insure.html?_r=1&scp=1&sq=Ian%20McElroy&st=cse

The article was brought to the attention of the association leadership, and given where McElroy lived, Dr. Larry Santi's practice seemed to be the most convenient place for him to

visit. Dr. Santi was graciously willing to help. He reached out to McElroy, offering him treatment at no charge.

“I feel that everyone should have access to healthcare, health is the most important thing and there is always a way to work something out, even for those without insurance,” said Dr. Santi.

The two met twice and Dr. Santi has since diagnosed him with high arches that were causing tendonitis – the source of his pain. McElroy, who says the thought of seeing a podiatrist never crossed his mind because he lives without insurance, now says his quality of life is much better.

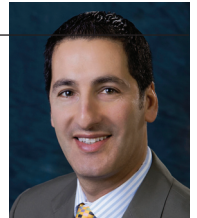
“I would highly encourage people who are experiencing foot pain or discomfort to see a podiatrist,” he said.

“I do physical labor so without the treatment and services, I would not be working. My experience with Dr. Santi has not only been a relief to my foot pain, but has also re-established my confidence in the medical system.

It's great to know there are still doctors who put people before money.”

PUBLIC EDUCATION & INFORMATION UPDATE

By Andrew Shapiro, DPM
Public Education and Information Chairperson



Podiatrists Keep America Walking Campaign

This year's Podiatrists Keep America Walking (PKAW) campaign focuses on heel pain, the causes, treatments and importance of visiting a podiatrist. As an APMA member, you can help keep the momentum going and get involved in this year's Foot Health Awareness Month too! Here are a few ways you can take action:

1. Display the brand new heel pain poster in your practice, it's absolutely free for APMA members! All you have to do is respond to this email and let the PR department

know you would like one (be sure to include your address) and a poster will be mailed to you. To view the poster [click here](#).

2. You can also display one or all of the new heel pain tip sheets in your practice, leave a stack for patients in the waiting area to take with them or laminate and display on the wall. The tip sheets, including a colorful heel pain diagram, are located [here](#).

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Public Education continued from 6

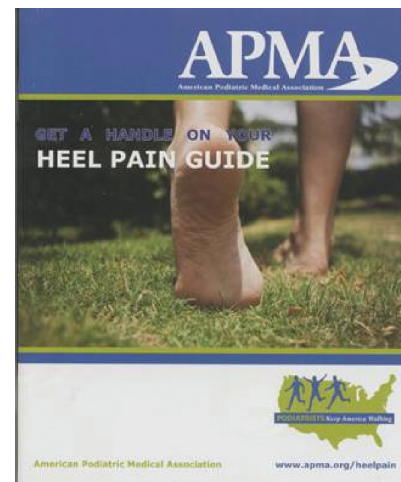
3. Use the Internet! If your practice has a Web site or you write a blog you can mention the PKAW campaign and include a link to the heel pain focused materials: www.apma.org/heelpain.

Thanks for joining APMA and NYSPMA in this important campaign effort!

New Heel Pain Guide Now Available to Members

Educating the public about the prevalence of heel pain is critical. New APMA survey statistics show that nearly 40 percent of Americans suffer from the condition regularly. To help get the word out to your patients and local community, APMA has created a new, pocket-sized “Get a Handle on Your Heel Pain Guide.” The 12-page, full-color booklet outlines some of the chief causes of heel pain-

including the number one cause, plantar fasciitis-frequently asked questions about the condition, several heel pain treatment options, and more. It is an ideal handout to distribute while giving a presentation or exhibiting at a health fair.



To view an online version of the heel pain guide in PDF format, [click here](#). To request printed versions of the guide, call (301) 581-9220 or e-mail mkskulick@apma.org.

Public Relations Update

Travers Collins and Company (TCC) has been hard at work reaching out to print, electronic and online media across the association’s 13 divisions about Foot Health Awareness month, summer foot health tips and suitable summer footwear.

Since our last update, we’ve secured a feature in the *Amherst Bee*, a community newspaper in Western New York, about Roy DeFrancis and the work the association is doing in Albany regarding Scope of Practice. We’re also expecting two national stories this summer - one in July’s *Good Housekeeping*, featuring Dr. Russell Volpe and his review of children’s sneakers and one in the August issue of *Forbes Woman*, with Drs. Robin Ross and Jacqueline Sutera, who were interviewed about the best shoes for commuters. In addition, we continue to respond to various journalist requests and queries through services we subscribe to, and hope to

be contacting you with media opportunities in the near future. Remember to visit www.nyspma.org to see the latest headlines.

Courtney Quattrini, who many members met at the annual conference in New York City this past January, attended the New York State Diabetes Task Force Meeting on April 29 in Albany. She was there on behalf of the association, to learn more about all that is happening in the area of diabetes education and prevention. In the coming months, the TCC team will focus media relations efforts on this topic.

And remember, we would like to encourage all members to share with us your story ideas, patient success stories and testimonials, and how your community involvement may relate to fellow members. If you have an interesting story idea or have something to share, please send to Kate Torok at ktorok@traverscollins.com.



Protecting Patients from Identity Theft: New FTC Red Flag Rules

The Federal Trade Commission (FTC) recently developed the Red Flag Rules to protect consumers from identity theft. The mandatory compliance of the rule originally May 1, 2009, has been moved back to August 1. This rule requires creditors to take affirmative steps to protect covered recurring payment accounts. According to an Enforcement Policy Statement issued by the FTC, creditors include any company that allows for payment after the service has been rendered. Therefore, Podiatrists who accept delayed payments for services to patients, and/or who offer credit to any small businesses or sole proprietorship, are included within the FTC's definition of creditors subject to the new rule.

1. Determine if You Need a Written Plan

Under the Red Flag Rules, Podiatrists who offer credit must develop a written prevention program to protect patients. First, you must assess your credit accounts for both patients and non patients. If you offer credit as a way for accounts to be paid then you should develop a written identity theft prevention program. It is important to analyze the methods used to open a credit account and also analyze what methods are established to allow the customer access to his or her account. Reviewing any prior experiences your office has had with identity theft will also help determine changes that need to be made to protect your accounts.

2. Develop the Plan

Once you have determined that your office supplies credit that is susceptible to identity theft, you must take steps to develop a plan. First, an employee must be placed in charge of managing the new identity theft prevention program and drafting necessary reports. Next, your credit system should be analyzed for potential risks. Once the risks have been identified, develop the written plan to protect your credit accounts from identity theft. The written plan should be recognized as office policy and employees should then be trained in implementing the plan. The plan must then be evaluated periodically and any necessary updates should be made.

3. Identify the Risk

Relevant red flags must be identified based on risk factors for covered accounts. The rule provides 26 examples of red flags within the guidelines including alerts, notifications or warnings from a consumer reporting agency, suspicious documents, suspicious personal identifying information, unusual or suspicious activity related to the covered account, and notice from customers, victims of identity theft, law enforcement authorities, or other persons regarding possible identity theft in connection with covered accounts. Additional red flags may be added beyond the examples provided as deemed necessary to identify risks.

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Common Red Flags for Healthcare Providers:

- A complaint or question from a patient based on the patient's receipt of: a bill for another individual; a bill for a product or service that the patient denies receiving; a bill from a health care provider that the patient never patronized; or an explanation of Benefits or other notice for health services never received.
- Records showing medical treatment that is inconsistent with a physical examination or medical history as reported by the patient.
- A complaint or question from a patient about the receipt of a collection notice from a bill collector.
- A patient or insurance company report that coverage for legitimate hospital stays are being denied because insurance benefits have been depleted, or that a lifetime cap has been reached.
- A complaint or question from a patient about information added to a credit report by a health care provider or insurer.
- A dispute of a bill by a patient who claims to be the victim of any type of identity theft.
- A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance.
- A notice or inquiry from an insurance fraud investigator for a private insurance company or a law enforcement agency.

4. Raise the Red Flag

Once a plan to protect patients from identity theft is developed, the plan must then be implemented. Existing patients should be verified and authenticated while ongoing transactions are monitored for red flags. If a

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Andrew Feldman, Esq.

General Counsel to the New York State Podiatric Medical Association

Feldman, Kieffer & Herman, LLP, offers podiatrists legal representation from a firm with a statewide practice. Attorneys at the firm with particular experience in legal matters relating to specific legal issues are available to answer questions and represent practitioners on such topics as listed below.

Representation with regard to:

Office of Professional Discipline	Subpoenas
Health Department issues	Civil Process
Administrative law requests	Labor Law issues
Requests for documents and records	Reimbursement issues
Potential claims and the litigation process	

Offer guidance and advice with respect to issues involving:

Confidentiality	Insurance	Certificate of need	Medical malpractice
Licensing	Fraud, abuse and kickback	Facility operation	Staff privileges
Patients' rights	Managed care	Anti-trust	Advanced directives
COBRA/EMTALA	Consent	The credentialing process	The peer review process
Contracts	HIV discrimination	Sexual discrimination and sexual harassment issues	

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Revised Coding Information for Removal of Benign Skin Lesions

This article replaces the Listserve article distributed on April 13, 2009. These instructions apply to providers who submit Part B claims. Additional guidelines applicable to Part A claims will be provided in a separate notice.

Recent medical review of documentation has indicated an

educational need with regards to the reporting of removal of lesions. The local coverage determination (LCD) and coding article (SIA) for Removal of Benign Skin Lesions (L27362/A47397) will be revised on June 1, 2009 and will include revised guidelines.

- If a benign skin lesion excision was performed, report the applicable CPT code, even if final pathology demonstrates a malignant or carcinoma in situ-diagnosis

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Feldman on the Law continued from page 9

red flag has been identified, the creditor must work to respond appropriately based on the breach. A covered account that has been jeopardized could be monitored or closed depending on the risk associated with the red flag. The patient with the covered account should be contacted and any security measures such as passwords should be changed to safeguard the account.

5. Keep Track of Threats and Risks

Reports should be generated by the employee(s) in charge of monitoring the covered accounts. The reports should evaluate the effectiveness of the current policies and describe any and all significant incidents including the response taken. A designated employee or board should oversee the program and be in charge of not only reviewing compliance reports, but also approving changes to the plan as necessary. The program should be routinely reevaluated and updated to incorporate any problems realized through the actual implementation of the program, as well as to adapt to any new developments in how identity theft is attempted.

6. Report to the Proper Authorities

Creditors need to also be aware that additional action should be taken beyond internal reports when identity theft has been detected as required by law. A Suspicious Activity Report should be filed in accordance with 31 U.S.C. 5318(g) as applicable. When fraud has been detected, there are limitations under which credit may be extended as stated in 15 U.S.C 1681c 1(h) and when selling, transferring, or obtaining a placement for collection of debt incurred due to identity theft, there are limitations as set forth in 15 U.S.C 1681m.

7. Compliance is Now Mandatory

Compliance with the Red Flag Rule is important as each violation could result in civil penalties of up to \$2,500 by the FTC. State agencies can seek up to \$1,000 for each willful violation plus costs and reasonable attorneys' fees when successful.

Along with your Executive Director, we are working on a suggested written plan that podiatrists could use in their office to be compliant with the new FTC regulations.

APMA Achieves HIT Parity in Passage of the American Recover and Reinvestment Act

APMA gained two federal statutory wins with final passage of HR 1, The American Recovery and Reinvestment Act. Whether one believes in the value of this bill to boost the nation's economy or not, HR 1 does include two healthcare initiatives that give equal standing for doctors of podiatric medicine with other physicians.

The Medicare HIT physician incentives: Originally MDs and DOs only were eligible for the HIT incentives that Congress included in HR 1 but the APMA worked hard to make sure the language was expanded to include all Medicare-defined physicians in the HIT provision. The incentive, to be administered through Medicare, encourages physicians to adopt certified electronic health records systems (EHR), could result in reimbursing DPMs between \$40,000 and \$45,000 for the purchase of EHRs that include the ability to e-prescribe; exchange patient healthcare information with other health professionals, hospitals and clinics to improve quality and promote care coordination; and, report quality care measures such as those currently being reported under the Medicare Physician Quality Reporting Initiative (PQRI) program and e-prescribing incentive program. Payments for HIT grants will begin in 2011 and cease after 2016. Physicians must be using HIT in a meaningful way for the end of 2014 in order to qualify.

For physicians not using meaningful EHR by 2015, Medicare fee schedule amounts will be reduced by one percent annually from 2015 through 2017, up to a maximum of three percent. Physicians may be exempt from these reductions for up to five years if a case can be made that a meaningful EHR use would result in a significant hardship. HR 1 offers practicing in a rural area without sufficient internet access as one example of significant hardships.

The Medicaid HIT physician incentives: HR 1 also authorized a Medicaid incentive for physicians that will be paid by the states. Again, the original provision limited eligibility to MDs and DOs, APMA to working with other non-MD/DO organizations, was successful in broadening the list of eligible physician providers to include all Medicare-defined physicians.

The Medicaid administered incentive provides payment for up to 85 percent of "net allowable costs" for certified EHR technology. Eligible physicians must meet a 30% Medicaid patient volume threshold to qualify. This provision specifies that costs for training, support and upgrading current systems qualify as well as the purchase of new systems.

APMA Membership Categories and Fees Announced

Included in the recently adopted governance documents, the American Society of Podiatric Surgeons (ASPS) Steering Committee is pleased to announce that the following categories for membership will be available when the application process is initiated in Spring 2009.

- Fellow – A licensed Doctor of Podiatric Medicine (DPM) who is a member in good standing of the American Podiatric Medical Association (APMA) and who is board certified by the American Board of Podiatric Surgery (ABPS).

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APMA Membership continued from page 12

- Associate – A licensed DPM who is a member of APMA in good standing and who is board qualified by ABPS.
- Affiliate – A licensed DPM (who is a member of APMA in good standing), MD, or DO who has an active interest in podiatric surgery.
- Resident Member – A DPM who is serving as a resident or fellow in a program granted provisional approval or approval by the Council on Podiatric Medical Education (CPME) and who is a member of APMA in good standing.
- Student Member – A student who is enrolled in a podiatric medical college or school that has either attained candidate status from or been accredited by the CPME and who is a member in good standing of the American Podiatric Medical Students Association (APMSA).
- Emeritus – A Fellow, Associate, or Affiliate in good standing may be classified as Emeritus if said individual has completely retired and remains retired from practice and (for DPMs) is a member of APMA in good standing.

The fees established for ASPS membership have been set for 2009-2011.

Membership Category and Due Dates

Fellow \$200 (2009); \$300 (2010); \$300 (2011)

Associate (APMA Associates: A1-A4 Categories)

\$100 (2009); \$100 (2010); \$100 (2011)

Associate (all others)

\$200 (2009); \$300 (2010); \$300 (2011)

Affiliate

\$200 (2009); \$300 (2010); \$300 (2011)

Resident

\$0 (2009); \$0 (2010); \$0 (2011)

Student

\$0 (2009); \$0 (2010); \$0 (2011)

Congratulations to...

The winners of our “hidden messages” contest from our last issue. Members who spotted the words “GOLDEN TICKET” across the bottom of each page and picked Angelina Jolie out of a crowd at “To The Nines” won two golden tickets to the 2010 Clinical Conference! The winners included:

Peter Awad, NYCPM Student, Class of '12
Dr. Richard Belli
Dr. Barry Block
Dr. Ed Buro
Dr. Puneet Chahal
Dr. Robert Fridman
Dr. Enid Goris
Dr. Josette Healy
Dr. Craig Herman

Dr. Neal Houslanger
Dr. Dany Jabbour
Dr. David Kim
Dr. Bruce Lashley
Jennifer Metcalf, from Dr. James Leonard's office
Dr. Todd Rotwein
Dr. Joe Weisenfeld
Dr. Mike Wodka

NYPPAC Fundraiser

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All contributors will be entered into a Raffle Drawing



\$100 Contribution – 1 chance to win

\$250 Contribution – 3 chances to win

Drawing Date and Place

Saturday, June 6, 2009

NYSPMA Annual House of Delegates Awards Dinner

Return bottom portion and contribution to:

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NYPPAC Fundraiser

Drawing: Saturday, June 6, 2009

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Charge my account \$ _____ MasterCard Visa

Cardholder Name _____

Account # _____ Exp. _____

Cardholder Signature _____

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These Times call for Smarter Management

I haven't met a doctor yet who wanted to work harder, not smarter. Now, more than ever before, we need to be more resourceful. Ways to pinch our pennies, cut our overhead, eliminate unnecessary spending and operate more efficiently...and with better management of cash, staff, time, systems and marketing...are necessary. It's time to reassess and think positively at the same time! Necessary changes can lead to innovative ideas which lead to renewed, more effective efficiencies. Keep an open mind and read on for some simple tactics.

1. Cash Flow Management:

- a. Make sure any patient balances owed are indicated on your daily schedule so that the front desk can collect these past due balances at the time they collect patient co-pays.
- b. Encourage staff to be proactive when collecting co-pays and outstanding balances by replacing "Do you have a co-pay/balance?" with "Your co-pay/balance today is..." for more affirmative action.
- c. Don't overload your reception room with too many magazines; reduce your subscriptions to only the preferred favorites and focus your patient's attention instead on select podiatry-educational articles.
- d. Negotiate with suppliers for best possible prices on bulk supplies and shipping costs for your most used items.
- e. Reassess your insurance policies (health, business, car, etc) to be certain they align with your needs.
- f. Monitor your Accounts Receivable numbers to assure that collection efforts are being capitalized. Your "over 90 days" aged accounts should be no more than 15% of your total accounts receivable.

2. Marketing Management

- a. Increase your market acumen – Research and understand your changing community. Ask yourself... "What do our competitors offer that we do not?" or "What makes our practice so special?" and build on it.
- b. Give your website a face lift – does it best service your niche marketing and draw attention to more of the types of conditions you enjoy treating? Do you have search engine (Google, Yahoo, etc.) optimization so people can find you first and fast?
- c. Review or create a marketing budget and monitor your ROI – spend your marketing dollars on those promotional activities that have proven worthwhile and drop those that haven't.

3. Staff Management

- a. Bump up your Training: Giving staff the proper knowledge and tools will maximize their output.
- b. Tap into your staff's strengths so that not only can you delegate some activities to them you might normally outsource, but if they enjoy doing it...they will apply themselves in a much bigger way! Improper job placement yields less energy, slower pace.

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- c. Integrate staff into treatment protocols for enhanced preparation of each patient encounter.
- d. Ask staff for cost-cutting ideas and offer a reward for those implemented. Don't dismiss their suggestions or they'll hold back on sharing in the future. Never under-estimate them. They know stuff!

4. Organizational/System Management

- a. When managing your appointment schedule – be realistic. If you insist on coming in 10 minutes late every morning, schedule patients similarly. Schedule for the # of patients you (or your staff) can see, not for the # of rooms in your office. (It doesn't matter where patients wait, but THAT they wait!)

- b. Have new patient charts made up and ready to go before they come in. Avoids the last minute rush.
- c. Use a "wait list" to refill empty time slots in your schedule
- d. Can something you do be done a little better? You'll never know unless you try! Review and revise your systems for improved outcomes. Ask for staff input.

5. Time Management

- a. Make better use of your website to reduce unnecessary phone calls by sending patients there to fill out their registration forms and retrieve instructional forms. If you don't have a website...consider NOW to get one. It can prove to be your biggest time saver of all!

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Ms. Homisak, owner of SOS Healthcare Management Solutions, has a Certificate in Human Resource Studies from Cornell University School of Industry and Labor Relations and is a Fellow and Past Vice-President of the American Academy of Podiatric Practice Management. She is recognized nationwide by many in her profession as an expert in staff and human resource management.

2009 NYPPAC RAFFLE CONTRIBUTORS INCLUDE:

Donation of \$2000 - \$2999

Dr. Bradley Bakotic
Feldman, Keiffer & Herman,
LLP

Donation of \$500 - \$599

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Member Presents to the United Nations International Diabetes Club

When the United Nations International Diabetes Club reached out to the American Podiatric Medical Association looking for a podiatrist to speak to a group of employees who suffer from diabetes, the APMA called Len Thaler and he knew exactly who the right podiatrist was – Dr. Larry Santi.

Dr. Santi, who handles a lot of wound care and limb salvage cases, gladly took the offer and presented to 18 employees of the group on April 22 – the first-ever clinical presentation made by a podiatrist to the U.N. His presentation was centered around the diabetic foot and how it affects quality of life along with ways to prevent problems.



“I really focused on educating the patients about using a team approach with their other medical specialists when it comes to their healthcare,” said Dr. Santi. “It’s very important to have a working partnership on behalf of the patient to ensure that they are receiving the best care possible from all of us.”

The presentation was so positive, Dr. Santi has been asked to present again in 2010.

Bronx Division Awards Inaugural David Gutierrez Memorial Scholarship

On May 5th, the Bronx Division of the NYSPMA presented the first annual David Gutierrez Memorial Scholarship to graduating NYCPM student Blanca Diaz.

Dr. David Gutierrez was a podiatrist for 18 years, and is described by colleagues as a doctor who provided unconditional assistance and guidance to all of his colleagues and his patients alike.

The division was looking for Hispanic applicants who: were in their 4th year at the New York College of Podiatric Medicine; intending to practice podiatry in New York State; and involved in community and/or professional activities outside of school.

“We began this memorial scholarship in order to prolong David’s great acts of kindness that have left an imprint in our hearts, and hope this marks the

beginning of an eternal awareness of our great colleague and friend,” said Dr. Enid Goris, NYSPMA’s Bronx division president. Originally from Puerto Rico, Diaz has been living in the Bronx while enrolled at NYCPM.



According to Dr. Goris, Diaz represented all of the qualities they were looking for in an applicant to receive this inaugural scholarship.

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PRESENTS

SHUFFLE OFF TO **BUFFALO**

2009

FACULTY

Matthew Antalek, MD	John Hurley, DPM
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Corstiaan Brass, MD	Warren Joseph, MD
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Matthew DeMore, DPM	Andrew Stoeckl, MD

PROGRAM HIGHLIGHTS

Forefoot Surgery

Cutting-edge practices

Foot Trauma

Diagnostics and treatments

Infectious Disease

Antibiosis & therapy

Dermatopathology

Hands-on workshop

Also

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REGISTRATION

Before 8/22/09 After 8/22/09

APMA, OPA Members, MD, DO . . .	\$345	. . .	\$445
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New Practitioners (1st Year)	\$195	. . .	\$245

(Copy of Diploma Required for 1st Year Rate)

Podiatric Medical and Surgical Update Seminar

Friday, Sept. 25, 2009 . . 7:30am - 5:30pm

Saturday, Sept. 26, 2009 7:30am - 5:15pm

*Join the Western Division and distinguished
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UPDATES***

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PLEASE MAKE CHECKS PAYABLE TO Western Division, NYSPMA Education Fund

Mail to: Ron Ruggiero, Seminar Coordinator
82 Stony Brook Drive • Lancaster, NY 14086
Any Questions: cabri@roadrunner.com

Name _____

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What You Need to Know about Identity Theft Prevention

The Federal Trade Commission has implemented a Red Flag Rule that requires that by August 1, 2009 organizations have reasonable policies and procedures in place to identify, detect and respond to identity theft.

Your office is required to adopt a written identity theft prevention program. The definition of “reasonable” will depend on your practice’s specific circumstances or specific experience with medical identity theft as well as a degree of risk for identity theft in your practice.

Along with having a general policy in place in your office effective August 1, 2009, your office is also required to have reasonable policies and procedures in

place to identify, detect and respond to identity theft.

We have posted a model policy and the written Identity Theft Program document to our website at www.nyspma.org in the “What’s New” section of the “Members Only” page. Please incorporate both into your practice.

Additionally, you must train your employees to take necessary steps to limit the possibility of identity theft in your organization.

If you have any questions about this matter please email afeldman@fkhattys.com.

Upcoming Seminars

SCPMA’s (Suffolk) 3rd Annual Fall Seminar

Islandia Marriott Long Island, Islandia, NY

October 16-17, 2009

Friday: Biopsy Workshop sponsored by

Bako Podiatric Pathology Services

Saturday: Lecture Series

For further information, contact Dr. Matt Kassnove, 631-654-3838, mkaz@verizon.net.

Northeastern Division’s 5th Annual Capital Conference

Desmond Hotel & Conference Center

Albany, NY

September 24, 2009

Saturday, 8:00 am – 5:30 pm

For further information, contact Dr. Richard Berkowitz, 518-383-3338, ftdr32@aol.com.

Medicare corner continued from page 11

for the lesion removed. The final pathology does not change the CPT code of the procedure performed. An ambiguous but low suspicion lesion would be reported as a benign lesion (codes 11400-11446) reflecting the procedure that was performed. A moderate-to-high suspicion lesion may be reported as a malignancy (codes 11600-11646), if the appropriate excision was performed.

- To report removal of lesions of uncertain morphology, prior to identification of the specimen, report ICD-9-CM code 239.2 (neoplasms of unspecified nature, bone, soft

tissue, and skin), or ICD-9-CM code 709.9 (unspecified disorder of skin and subcutaneous tissue) since proper coding requires the highest level of diagnosis known at the time the procedure was performed.” (ICD-9-CM code 709.9 will be added to the list of payable diagnoses in the LCD.)

Providers who submit claims to Medicare for excision of lesions should become familiar with the revised LCD which became effective March 1, 2009, and watch for future revisions.

Secrets of success continued from page 16

- b. Get preferred patient email addresses, cell phone #'s and contact them where and when they can best be reached when you need to.
- c. Be more precise. Instead of asking patients, “has anything changed?”, re-affirm their contact info, address, insurance, etc. at each visit by asking, “Do you still live at...?” and “Is your phone # ___?”
- d. Do a time and flow study to measure patient flow. Depending on the specialty, the average patient wait time is 19 minutes, and the average time they spend in the office is 60-90 minutes. Are you better or worse? Is there some way you can improve without sacrificing quality patient care?

- e. Develop a policy that only accepts pharmacy faxes (or emails) for prescription renewals (as opposed to phone calls). It offers better, clearer documentation and a more effective time-managed process.

Sometimes the little things we focus on may seem to only save a penny, or only a minute, but when we multiply them by volume, they equate to increased value, benefit and cost savings for your practice! So, do you want to dwell on the absurdity of incidental changes...or be smarter, implement them...and laugh all the way to the bank?

Please email me (lynn@soshms.com) for more of an explanation on any one of these strategies.

Bronx division awards continued from page 17

Below is an excerpt from Diaz's scholarship application:
“The four years I have been studying at the New York College of Podiatric Medicine were challenging, difficult and rewarding. I overcame many obstacles when I moved to the Bronx from Puerto Rico four years ago to study Podiatric Medicine, including adaptation to the city and a language barrier.

Participating in and attending numerous extracurricular events at school have made the journey smoother.”

After graduation, Diaz will be attending a three year residency program at the East Orange Veterans Administration Medical Center, in East Orange, New Jersey.

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In Memoriam

JACK W. KAUFMAN, DPM

Dr. Jack Kaufman, a Life Member of Queens Division, passed away September 12, 2008. He had been a member since 1958. Dr. Kaufman was 77.

NORMAN E. KLEIN, DPM

Dr. Norman Klein, a Life Member of Suffolk division, passed away February 15, 2009. He had been a member since 1956. Dr. Klein was 90.

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Save the Date!

Temple University School of Podiatric Medicine
Alumni Association Seminar

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16 CME credits available, pending state verification.
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Associate Position, Finger Lakes Region.

Seeking highly motivated, ethical podiatric surgeon leading to partnership for busy well-established practice. Excellent salary and benefit package. Please forward resume to podassociate@gmail.com.

Associate Albany/Upstate NY Wanted.

Large multi-doctor practice looking for podiatrist confident in all phases of podiatry, working in our 3 offices and out-patient facilities. Hospital privileges available. Great opportunity. Salary plus percentage, pension plan, medical/dental etc. Possibly leading to partnership. NYS License required. Contact Shannon 518-828-6516 or email: footspecialistassocpc@yahoo.com.

Associate Wanted. Looking for part time associate for Manhattan office. Please fax CV to 212-686-5320.

Associate Wanted. For house calls in the New York Metropolitan area. Fax resume to 718-832-6787.

Associate Wanted. Part-time without benefits. 10 year old office practice on Central Long Island. Please email CV and/or interest to nydpm@optonline.net.

Associate Wanted. Board Certified doctors looking for an associate in Upstate New York. Outstanding opportunity with busy, multi-office group. PM&S-36 preferred. Hospital staff and residency/faculty positions available. Employment leading to potential partnership. Fax CV to 607-723-1567.

Part Time Position Available. Part time podiatrist needed for a busy practice in Brooklyn. Fax resume to 908-753-8010.

Podiatrist Available. Part time position in Nassau and Suffolk Counties. All phases of Podiatry. Must be great with patients, and mature. Call 631-499-3505 or 516-695-6053.

Position Available. Podiatrist needed for private clinic setting in NYC. All RFC, no stress, \$40+/hr. Great opportunity to earn some easy extra money. For more info and details call 917-880-6639 or email: hansfeet@aol.com.

Position Available. Podiatrist needed for nursing home coverage on Staten Island. Must be available 1/2 or full day on Wednesdays. Fax resume to 212-650-0047.

Position Available. 20 year old practice in Western Nassau County. High number of potential surgical cases. Part time practice has full time potential. Partnership with probable expectation of purchase. Email interest to: bethpagedpm@aol.com.

Position Available. Established podiatry practitioner in New York area in need of an associate; surgical residency required. Please fax resume to 516-292-3267.

Position Available. Central New York. Associate position leading to equity position in a

multi-doctor, multi-office group. Full scope of practice; \$125K to start. Affiliated with all local hospitals and insurance carriers. Please respond to: Podiatry Services of CNY, 7777 Indian Hill Road, Manlius, NY 13104, Attention: Dr. Edelman. Fax: 315-458-9661, Phone: 315-682-9137.

TO RENT/SHARE/FOR SALE

Home/Office for Sale. Hauppauge, LI, NY. Great opportunity. Large 4 BR Colonial, excellent condition, corner location. Good schools, low taxes, 850 sq ft, multiple rooms. Space for a practice. Contact Dr. Francis 631-724-8323.

Office Space for Rent. Boro Park Brooklyn. Great location 15th Ave and 56th Street. Dental office sublease to podiatrist Sunday, Tuesday, Thursday. Call 646-236-9910.

Office Space for Rent. In Midtown Manhattan. X-ray, receptionist and phone. Call 800-789-2225.

Office Space for Rent. Tastefully furnished office shared with a cardiologist, four internists, and two nephrologists. Ample parking, high foot traffic and an elevator. Call 888-HEART-01 or 718-949-9400.

Podiatry Office to Share. Busy North Bronx location; fully furnished, centrally located on busy avenue. Good public transportation, ideal for new practitioner or satellite office, reasonable. Call 718-863-3737.

PRACTICE FOR SALE/WANTED

Established Practice for Sale. Located in lower Westchester, close to all highways, buses and MetroNorth. Please respond to aliasaeed@aol.com.

For Sale. Well established, well rounded, full time Westchester practice for sale. Prime location with new lease. Contact: westfootdoc@gmail.com.

P/T Nonsurgical Practice – Brooklyn. Attractive, ground floor central A/C, 2+ treatment rooms, waiting room, consultation room. Near public transportation. Be part of a small town neighborhood during Brooklyn's renaissance. Inquiries to: bkdpm4sale@aol.com.

Practice for Sale. Well established, part-time practice for sale in Orange County. Full time potential and an excellent opportunity. Turnkey operation with hospital privileges available. Reasonably Priced. Contact via email at crossdpm@cs.com.

Practice for Sale. Looking for honest, well-trained, hard working podiatrist to take over long established practice in Forest Hills, Queens. Moderately priced; will accept any reasonable office. Call after 8 pm 718-465-5239.

Practice for Sale. Upper West Side, Manhattan – Hudson Heights. Large ground floor space, other medical offices next door. Low overhead. Excellent opportunity, reasonable terms. Call 212-923-3040.

Practice Wanted. Looking to purchase a well-established part or full time practice in the New York metropolitan area or Long Island. Please call 718-544-7575.

EQUIPMENT FOR SALE/WANTED

Equipment for Sale. 2 Ritter chairs, ultra sonic whirlpools, x-ray, cabinets, instruments, etc. Please email melvedith@aol.com.

Equipment for Sale. 1 exam lamp, 1 Emil Paidar Co. treatment chair, 1 Flowtron unit, 1 Tens unit, 1 Paraffin unit. Call 718-436-1322.

For Sale. Podiatry equipment: Mettler Sonicators (Ultrasound)-two Sonicator II units- wall hung \$50.00 each, one Sonicator 705-\$350, one Sonicator 715-\$450. Whitehall 15 inch, one motor portable Whirlpool-\$450.00. All in good condition. Contact Dr Marc Hudes 845-794-7741 or mhudes@footcaregroup.com.

For Sale. Quality new and used podiatry equipment and new instruments. Most of our equipment is refurbished and comes with a 1-year 100% parts & labor or replacement warranty. Our instruments come with a lifetime warranty so long as they are used for their intended purpose. Let us equip your office or other health care facility for a fraction of the cost of new equipment. We also purchase name brand used equipment that is in good condition. Contact us at: 440-333-0007; Fax 440-333-4902; parkhaven@hotmail.com; www.globalintermed.com.

SERVICES

Legal Services. Andrew Feldman, General Counsel to the New York State Podiatric Medical Association, and the law firm of Feldman, Kieffer & Herman, LLP, with offices throughout New York State, provide legal services at a preferred billing rate to members of NY-SPMA on professional discipline issues, reimbursement issues, Medicare reimbursement issues, alleged fraud and abuse issues, and professional business practice issues. Call 716-852-5875 or 212-983-2740.

Professional Conduct Expert. Robert S. Asher, Esq., 295 Madison Avenue, NYC. Former Director Professional Conduct, NYS Board of Regents, now in private legal practice. 25 years health law experience, concentrating on representation in disciplinary, license restoration, impaired professional, narcotic control, Medicaid, Medicare or other reimbursement matters, professional business practices. Call 212-697-2950 or 914-723-0799 evenings.

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