

Lee County Medical Society

Bulletin

Physicians Caring for our Community

May/June 2021 • Volume 45 • Issue 3



BULLETIN

Lee County Medical Society is a Virtual Operation
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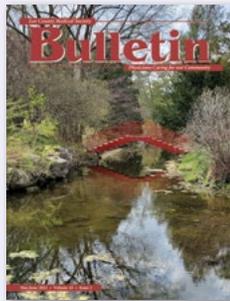
Lee County Medical Society Mission Statement

The mission of Lee County Medical Society is to advocate for physicians and their relationships with patients; promote public health and uphold the professionalism of the practice of medicine.

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COVER IMAGE



The cover photo was taken by LCMS Executive Director Julie Ramirez, CAE, in April 2021 at Dow Gardens in Midland, Michigan. The Red Bridge was designed by architect Alden B. Dow in 1974. Dow was the son of Herbert Henry Dow (founder of the Dow Chemical Company) and philanthropist Grace A. Dow. Dow is known for his prolific architectural designs throughout Michigan and Texas.

Members are encouraged to submit photos to be considered for the *Bulletin* cover. Must be large format/300dpi.
Email photos to valerie@lcmsfl.org

CALENDAR OF EVENTS

JUNE 10th
4:30pm-
6:00pm

LCMS Foundation Fundraiser

Members are invited to shop Chico's Company Store
6120 Idlewild Street, Fort Myers, FL 33966
The Company Store carries an assortment of clothing and accessory samples from each of their brands.

JUNE 11th
6:00pm-
7:30pm

LCMS Physician Cocktail Hour

Covered Patio area of Ford's Garage
1719 Cape Coral Parkway E., Cape Coral, FL 33904
LCMS Physician Members and their guests.
Bring a non-LCMS member physician friend with you!
Sponsored in Part by Bruce H. Vanderlaan, Esq.

JULY 8th
6:30pm-
8:30pm

Residency Reception

Watch your email for details
Hosted by FineMark Bank

OCT 9th

SAVE THE DATE: Medical Service and We Care Awards

RVSP to LCMS events at www.lcmsfl.org

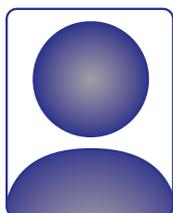
NEW MEMBERS



Stephen R. Fleischer, DO
General Surgery
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6150 Diamond Centre Court,
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Fort Myers, FL 33912
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Cosmetic Dermatology
Associates in Dermatology
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Fort Myers, FL 33919
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Fax: 239-996-5176
Board Certified: Dermatology



Grygori Gerasymchuk, MD
Diagnostic Radiology
Radiology Regional Center
3680 Broadway
Fort Myers, FL 33901
Tel: 239-936-2316
Fax: 239-425-4798
Board Certified: Radiology



Patricia Jennelle Villaflor, MD
Physicians' Primary Care
of Southwest Florida, P.L.
7381 College Parkway, Ste. #110
Fort Myers, FL 33907
Tel: 239-482-1010
Board Certified: Internal Medicine

U.S. Anesthesia Partners FL
13350 Metro Pkwy, Ste 301 • Fort Myers, FL 33966
Tel: 239-322-3857 • Fax: 239-673-1404



Andrew B. Banooni, MD
Anesthesiology



Joseph LaGrew, MD
Anesthesiology
BC: Anesthesiology
& Pediatrics



John P. Collazo, MD
Anesthesiology



Roderick Lovett, MD
Anesthesiology



Brian P. Dressler, DO
Anesthesiology



Marc A. Michelsen, DO
Anesthesiology



Hilary J. Ford-Bommarito, MD
Anesthesiology



Brian J. West, MD
Anesthesiology
BC: Anesthesiology



Micah J. Gaar, MD
Anesthesiology
BC: Anesthesiology

RELOCATING MEMBER

The following LCMS member has moved out of the area.

Anthony Pietroniro, MD

CLASSIFIED ADS

Board certified internist wants to work for free at any outpatient clinic. Please email vchokkavelu33@gmail.com for CV or call (740) 359-0337 to conduct a phone interview.

Email your Classified submissions to valerie@lcmsfl.org.

RETIRED NEW MEMBERS

The following new LCMS members, while retired, have chosen to keep their medical licenses active through continued chapter participation and membership:

Roman Filipowicz, MD
Benjamin Tipton, MD

IN MEMORIAM

It is with profound sorrow that we announce the death of a beloved Lee County community physician:

David Turkel, MD

PAST PRESIDENT TAKES LEADERSHIP REINS AGAIN

PRESIDENT'S MESSAGE: Elizabeth Cosmai, MD



I cannot believe that we are nearly halfway through 2021. Despite a few bumps on the road, I am happy and privileged to continue leading the medical society as acting President for the balance of this year.

Due to Dr. Annette St. Pierre-Mackoul's resignation as President in April, Immediate Past President Dr. Elizabeth Cosmai was voted in at the May General Membership Meeting as the President for the rest of 2021.

Our recent General Membership Meeting in well over a year was a wonderful opportunity for us to finally gather. Finemark National Bank was gracious enough to host our event that included a sit-down dinner and informative talk by Dr. Stephanie Stovall regarding the current state of the COVID-19 pandemic.

Lee County Medical Society has an exciting upcoming agenda, filled with CME opportunities, 'meet and greet' events, the popular AMSA Awards, and of course, the spectacular Holiday Party. In addition, the Florida Medical Association Annual Conference will take place in Orlando from July 30- August 1, 2021. Delegates from LCMS will be attending to represent our best interests.

The COVID pandemic inhibited our ability to gather as professional colleagues over this last year, however, it is time that we return back to 'normal'. The access to the COVID vaccines and improving infection/death rates from this viral pandemic has allowed for events and social gatherings to begin again.

Despite this difficult year, LCMS has continued to support our county physicians. Julie Ramirez assisted countless physicians and healthcare workers in obtaining vaccine access. The Physician Wellness Program continues to assist our physicians in obtaining confidential counseling by two independent psychology groups. This essential program has previously paid for up to 8 sessions per year for each LCMS member as part of their membership benefits. Starting July 1, we will have to decrease the number of visits down to 3 per year. We encourage the continued financial support of the Physician Wellness Program through upcoming charity events. Our physicians deserve and NEED access to this program.

Now is the time to continue your support of LCMS by maintaining your membership as well as encouraging physicians within the community to join us. We can only be successful with continued support from our medical community.

I am looking forward to working with all of YOU during this exciting year.

FMA DELEGATES

Lee County Medical Society is proud to announce its 2021 FMA Delegation. These volunteers will attend the FMA Annual Meeting in Orlando on July 30th and August 1st to participate in important meetings that guide FMA legislative policy and business standards.

Dr. Tracy Vo
Dr. Elizabeth Cosmai
Dr. Peggy Mouracade
Dr. Joanna Carioba
Dr. Scott Caesar

Dr. Stu Bobman
Dr. Chadwick Leo
Dr. Dan de la Torre
Dr. Danielle Matta
Dr. Hazem Matta

INVESTING IN COMMUNITY SUPPORTS AND SERVICES

THE RAMIREZ REPORT: Julie Ramirez, CAE, LCMS Executive Director



At the end of April, I had the privilege to be able to be part of United Way's Allocation Team 9. Due to COVID protocols, our team met via Zoom and had virtual tours and presentations from two different nonprofits in Lee County.

Lehigh Community Services is a nonprofit organization focused on helping individuals and families living in Lehigh Acres, providing emergency services while promoting self-sufficiency. Lehigh Community Services provides food pantry items, meals for seniors, adult literacy, emergency utility payments, free income tax preparation and other community services. When they are not helping with these needs, they also collaborate with other nonprofits and social service entities to promote self-sufficiency.

Services such as back-to-school backpack drives, Thanksgiving food items, Christmas senior citizen food and gifts, diaper, and formula distribution in partnership with Health Start, Homeless Outreach and much more. I was impressed with this organization in all that they do for the Lehigh community.

Our second nonprofit was **Child Care of Southwest Florida**. This nonprofit is a hidden gem in our community with a goal to improve the education of our community by starting young. Their primary focus is to provide quality early learning education for low income working families. The funding provided by United Way provides scholarships for under privileged children to attend one of the four qualified childcare centers in SWFL. One of the speakers made a comment that struck me – "Your community ONLY goes as far as your education." Change their family tree by changing their educational path and thereby change their community for the better.

These agencies are dedicated to providing investments in the future.



Healthy minds *are always on ours.*

We applaud health care providers who recognize signs of mental and emotional health conditions, and encourage patients to seek counsel. *Because you understand the difference between health care...and healing.*



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REAL ESTATE: THE SECOND-HIGHEST EXPENSE IN YOUR PRACTICE

BY: Jared Vanderslius, CARR

When it comes to managing expenses in your practice, there are dozens of categories to evaluate: equipment, technology, loan costs and interest rates, sundries, marketing, and on and on they go.

The highest expense for most practices is payroll, followed by real estate. Real estate encompasses your monthly rent or mortgage payments, along with the property's operating expenses, maintenance fees, utilities, and janitorial costs.

If you consider these top two expenses, payroll and real estate, only one of them is really negotiable. With payroll, you can either pay people their value or they usually find another job that will. You may decide that you can cut staff, but if you need people you need to pay them what they deserve or they will eventually leave.

Real estate however, is 100% negotiable. You have the choice of leasing or owning, as well as being in an office building, retail center, a stand-alone building,

or large medical complex with many other providers. You can choose the size of your space, the design, and the landlord you want to work with—or to be your own landlord. And if you do own, you get to decide whether to buy an existing building, an office condo, or to develop your own building from the ground-up.

With this many choices to evaluate and understanding that each one affects the final economic outcome, why is it that so many practices fail to capitalize on their real estate opportunities? The short answer is that most practice owners and administrators simply don't have the knowledge and expertise in commercial real estate to understand how to make the most of these opportunities. They view real estate as a necessary evil instead of an incredible opportunity to improve profitability, reduce expenses and improve the quality of their patients' experience. When the correct approach is taken, you may actually look forward to it instead of dreading your real estate negotiation.

TIMING

Every type of transaction has an ideal timeframe to start the process. When starting too early or too late, you communicate to the landlord or seller that you don't really know what you're doing. When that message is communicated, it hurts your ability to receive the best possible terms. For example, don't wait for your landlord to approach you on a lease renewal negotiation. Start by consulting with a professional so you can understand the ideal timeframe to start your transaction, come up with a specific game plan for what you want to achieve, and then you **be the one to approach your landlord with renewal terms**.

REPRESENTATION

Landlords and sellers prey on unrepresented tenants who don't really know the market or what their options are. If the tenant was a Fortune 500 company, the landlord would approach them with a high level of respect, expecting that they either have a real estate broker hired to represent them or have a team of professionals internally that are well equipped to handle the transaction.

In contrast, when a landlord or seller starts speaking with a tenant who isn't represented, and who they don't believe knows the market as well as they do, that tenant is not going to get the same level of respect through the process. This is because the landlord senses an opportunity to take advantage of a small tenant who is not an expert, doesn't have a full complement of real estate knowledge and skills, and who doesn't have adequate representation.

When you understand that **commissions are paid in commercial real estate just like they are in residential real estate**—they are set aside in advance for two parties, not just one—then you understand there aren't any savings by not having a broker. And if there aren't any savings by not having a broker, then showing up without one only further detracts from your credibility.

LEVERAGE AND POSTURE

It is nearly impossible to emerge victorious from a negotiation without leverage and posture which are created by having multiple options in the market. If you limit yourself to one property, you are at the mercy of that owner. Since most

landlords and sellers negotiate professionally, it is easy for them to know when you don't have other viable options.

Simply telling a landlord that you have a proposal from another landlord won't give you a strong enough posture. Most landlords look at unrepresented tenants and assume they do not know the market, do not understand all their options, and are not really serious about making the landlord compete for their business. **Leverage and posture are created when you have the right timing, professional representation, an understanding of all your available options, and a detailed game plan of what you want to accomplish in order to capitalize on the market.**

These three key ideas are the first of many factors that allow healthcare tenants and buyers to reduce their second highest expense which dramatically impacts profitability and cash flow.

Visit CARR.US to learn more and find an expert agent representing healthcare practices in your area.

Physicians' Primary Care
OF SOUTHWEST FLORIDA

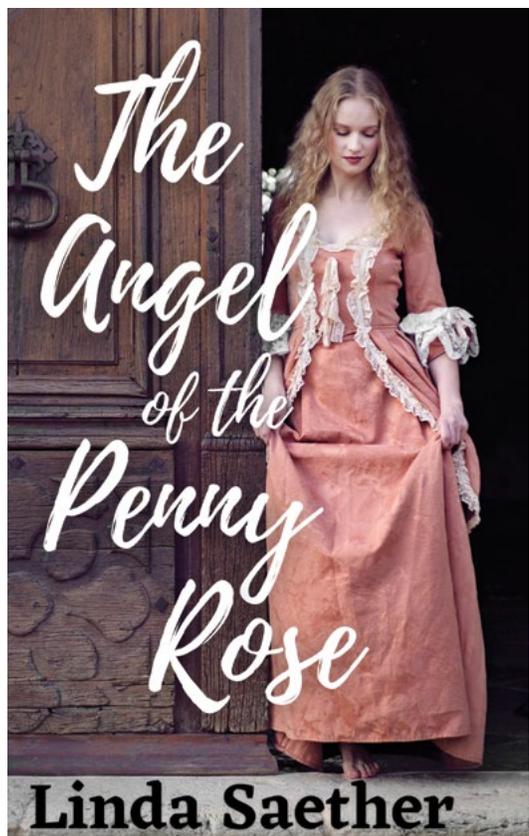
CELEBRATING 25 YEARS

Shikha Shrestha, MD
Internal Medicine
Lehigh Acres

Ryan Harlacher, MD
Family Medicine
Fort Myers

(239) 482-1010
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RETIRED PHYSICIAN MEMBER TO PUBLISH NEW NOVEL



How are you planning to spend your time in retirement? After hanging up her stethoscope as a long-time family physician, LCMS retired member **Dr. Linda Saether** picked up the (digital) pen and began to focus all of her time on her side passion as a novelist.

The Angel of the Penny Rose, published by New Degree Press, will be released in the summer of 2021. The story follows Anna, a young woman in 1760s England who meets the dashing Edmund Ashton in her father's apothecary. He is a doctor headed to St. Augustine, Florida to take on a post at the infirmary. Anna, who has secretly learned the apothecary trade from her father, marries Edmund and follows him to America. Seeking a life full of hopes and dreams, and adventure and discovery, their journey teaches them unexpected lessons that lead to tragedy. Anna is sent into a world of deceit and treachery that she has no choice but to face. Does she have the courage to reach for her heart's true desire?

The Angel of the Penny Rose will be available for purchase in paperback, hardcover, ebook, and audiobook format on Amazon and Barnes & Nobel in September.

Dr. Saether is already busy writing another book on a story set during WWII, due out later this year.

AMA: MOST PHYSICIANS WORK OUTSIDE PRIVATE PRACTICE

Data collected by the AMA through its **2020 Physician Practice Benchmark Survey** showed the continuation of a shift toward larger medical practices and away from physician-owned practices.

Data revealed 49.1% of patient care physicians worked in physician-owned practices, down from 54% in 2018. The drop of nearly five percentage points is the largest two-year change measured since the AMA survey began in 2012.

The new AMA analysis illustrates the wide variety of practice types, sizes, and ownership arrangements in which physicians work. Due to this diversity, no single practice type, size, or ownership structure can or should be considered the typical physician practice, according to the analysis. Key findings were compiled by:

Employment status: Employed physicians were 50.2% of all patient care physicians in 2020, up from 47.4% in 2018 and 41.8% in 2012. In contrast, self-employed physicians were 44% of all patient care physicians in 2020, down from 45.9% in 2018 and 53.2% in 2012.

Practice ownership: With the steady decline since 2012 in the share of physicians working in private practices, there has been a concurrent increase in the share of physicians working directly for a hospital or for a practice at least partially owned by a hospital or health system. Almost 40% of patient care physicians worked either directly for a hospital or for a practice with at least partial hospital or health system ownership in 2020, up from 34.7% in 2018 and 29% in 2012.

Practice size: Despite the trend toward larger practices, most physicians (53.7%) still work in small practices of 10 or fewer physicians. This share has fallen continuously from 61.4% in 2012. The survey found that physicians age 55 and older were significantly more likely to work in small practices than physicians under the age of 40.

Business structure: Two business structures accounted for over half of physicians in private practice: limited liability companies (27.8%) and S corporations (24.7%).

The new AMA study, as well as previous studies in the Policy Research Perspective series, are available to download from the [AMA website](#).



COMMUNICATING WITH VACCINE-HESITANT PATIENTS

By: Debra Kane Hill, MBA, RN, Senior Patient Safety Risk Manager, The Doctors Company

As the early phase of the COVID-19 vaccine rollout occurs across the United States, physicians should proactively prepare for the upcoming administration of vaccines to the general population. This includes implementing a plan to initiate effective, informed-consent conversations with patients to guide them to an informed decision about the vaccine.

Senior citizens in Florida waited hours in line when vaccines were initially available. These long waits were caused by offering shots on a first-come, first-served basis rather than through organized registration. In addition, not everyone is eager for a vaccination. **A Kaiser Family Foundation survey in early December 2020 revealed that over a quarter of the American population has strong reservations about receiving the COVID-19 vaccine, should it be made freely available to them.** Reasons cited in the study for vaccine hesitancy include:

- **Potential vaccine side effects.**
- **Safety concerns and questions about effectiveness.**
- **Distrust of the government or political positions.**
- **The rush to push the vaccine to market with the perspective that it is “too new.”**

Compared to previous studies conducted by Kaiser and ESPN, willingness to receive the vaccine has improved from 63 percent to 71 percent. However, JAMA's National Trends in the US Public's Likelihood of Getting a COVID-19 Vaccine—April 1 to December 8, 2020 reported a downward trend in which the self-reported likelihood of getting the vaccine declined from 74 percent in early April to 56 percent in early December 2020.

Since many are hesitant about the COVID-19 vaccine, these tips can help optimize important conversations with patients:

Define your practice culture. For example, how will all staff members contribute to delivering the COVID-19 vaccine message to patients? If the physician is pro-vaccine, yet there are staff who are vaccine hesitant, the physician/practice owner should ensure that messaging to patients is consistent with the defined pro-vaccine culture of the practice.

Conduct a deliberate discussion. Conduct a thorough informed-consent discussion using language the patient can understand. Include information on the consequences of non-vaccination.

Listen carefully to concerns. Encourage your patients to ask questions and express their fears and concerns. Be empathetic and acknowledge that it is reasonable to have concerns. Provide positive feedback when they do, and counter with facts and without argument. Avoid any disparaging remarks.

Consider health literacy levels. Communicate in the patient's preferred language at an educational level that the patient can understand. Written materials should be at a fourth- to sixth-grade reading level. Use interpreters, if necessary.

Use established communication tools. To ensure patients have a clear understanding of health instructions, utilize communication tools such as **Ask Me 3**. Also consider the teach-back method. Rather than asking the patient, “Do you have any questions?” tell the patient, “Explain to me why it is important for you to come back and get the second dose of the vaccine.” This provides you an opportunity to assess the patient's understanding of their need for the follow-up visit.

Watch your words. A recent poll found discussions about COVID-19 need to remove politics and partisanship; and instead, remind people that taking steps to prevent the spread of the virus is good for those they love, for the economy, and for a faster return to a more normal life. Physicians may find the **Changing the COVID Conversation: Communications Cheat Sheet** published by the de Beaumont Foundation a valuable source.

Set realistic expectations about potential side effects. Explain to patients that they may experience a normal response of sore injection site, low-grade fever, body aches, lethargy, headaches, and other symptoms, so they will not be fearful to return for the second dose. The CDC's **What to Expect after Getting a COVID-19 Vaccine** provides factual post-vaccine information for patients.

Remind patients that the vaccine is not 100 percent effective. Receiving the second dose will optimize their protection. Emphasize that they will need to continue

continued on page 10

wearing masks, social distancing, and practicing good hand hygiene even after getting the vaccine.

Recommend available apps. To help patients comply with the second dose of the vaccine, suggest the CDC smartphone app called **V-safe After Vaccination Health Checker**. This app sends reminders to patients when their second dose is due and provides them a way to report vaccine side effects.

Provide factual vaccine information. Distribute materials well in advance of the scheduled vaccine appointment. Vaccine information sheets are available through the Food and Drug Administration (FDA) website: Pfizer-BioNTech—**Fact Sheet for Recipients and Caregivers** and Moderna—**Fact Sheet for Recipients and Caregivers**. The Centers for Disease Control and Prevention (CDC) also provides easy-to-understand fact sheets for patients on their website: **Benefits of Getting a COVID-19 Vaccine** and **Facts about COVID-19 Vaccines**.

Document the informed consent discussion. Have the patient sign a COVID-19 vaccine informed-consent form prior to the administration of the vaccine, and file it in the patient’s medical record. Document the discussion, including the provision of patient educational materials, the use of established communication tools, and patient

engagement (including questions, concerns, and how those concerns were addressed).

Take advantage of CDC resources. To promote patient compliance with the vaccine, the CDC provides communication resources for physicians on **Talking to Recipients about COVID-19 Vaccines**, including **Answering Patients' Questions** and **Making a Strong Recommendation for COVID-19 Vaccination**.

Understanding and acknowledging patient perspectives about the vaccine play a principal role in promoting vaccination compliance. Frontline physicians should develop a plan for conducting candid conversations with their patients in a manner that is empathetic and supported by evidence, while emphasizing the overall benefits to the individual and society. Ultimately, however, it is up to the patient to make an informed decision about their immunization status.

The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.



WE ARE VAIN ABOUT OUR VEINS

MEET OUR DOCTORS:
Johan Escribano, MD, RPVI, Matthew Sanders, MD, RPVI, Abraham Sadighi, MD, FACS and Michael L. Novotney, MD, FACS

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As president-elect for the LCMS, I'm very excited and happy to also be serving on the Annual Medical Service Award committee. This yearly tradition of honoring local members of the medical community is always very enjoyable. This year is particularly meaningful for us to get together coming out of the pandemic. Let's mingle and enjoy the party!

We will honor some very prominent and influential members in our community. The event also provides a fundraising opportunity to support the Physician's Wellness Program and We Care program of United Way. The funds raised will be used directly for those in need.

Our ambitious goal is to raise \$100,000 this year. I'm confident we can do it with everyone's help and contributions. I hope to see you all in your beautiful cocktail attire to celebrate!

Tracy Vo, D.O.

PHYSICIAN WELLNESS PROGRAM

Your Mental Health is Important to Us!

The Physician Wellness Program (PWP) provides a safe harbor for physicians to address normal life difficulties in a confidential and professional environment. **It is important that we be as healthy as possible in our role as healthcare providers.**

Two independent psychology group providers maintain a confidential file for each physician, but **no insurance will be billed** and LCMS will not be given any information about those who utilize the program. This program is completely confidential. **LCMS will pay a monthly bill based on the number of sessions provided.** LCMS membership will be verified with the physician finder on the LCMS website.

Active members can easily make an appointment by selecting a **vetted Psychologist member** at www.lcmsfl.org, and then call and identify yourself as a member of Lee County Medical Society and that you wish to utilize the Physician Wellness Program benefit.

The PWP is an LCMS membership benefit and:

- **Includes 3 free sessions each calendar year**
- **Is completely confidential**
- **Offers convenient locations in both Fort Myers and Naples**
- **Provides 24/7 access and availability**

Funded by donations to Lee County Medical Society Foundation (501c3) To donate visit www.lcmsfl.org

PHYSICIAN MEDICAL SERVICE & WE CARE AWARDS

SATURDAY, OCTOBER 9, 2021
7:00pm - 9:30pm
Hyatt Regency Coconut Point
5001 Coconut Road • Bonita Springs
Tickets on sale soon!

The **Lee County Medical Society Foundation** and **United Way** are proud to host the 10th Annual Medical Service and We Care Awards. This popular public service dinner event honors both physicians and residents of Lee County by recognizing outstanding contributions to healthcare in our community.

Over 250 physicians, community and civic leaders, residents, and their guests are expected to attend this celebration. Proceeds benefit the Physician Wellness Program. Awards presented will include:

- **Non-Physician Award of Appreciation**
- **Distinguished Layperson's Service Award**
- **We Care Award**
- **Award for Citizenship & Community**
- **Service Award for Health Education**
- **Award for Leadership & Professionalism**
- **Lifetime Achievement Award**

Members and Allied Business and Community Partners are encouraged to support this special event. Sponsor levels include many benefits to help you reach a target audience and start at:

Platinum Level Sponsorship (\$10,000)
Gold Level Sponsorship (\$5,000)
Silver Level Sponsorship (\$3,000)
Table Sponsorship (\$1,500)
Auction Item Donation

Full details and event updates, plus downloadable nomination and sponsorship forms and ticket information can be found at www.lcmsfl.org/Physician-Medical-Service-Awards



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SATISFACTION IS OUR GOAL!

In order to continue to meet the mission of Lee County Medical Society, as well as to grow the chapter and discover new opportunities or identify areas for improvement, your board of directors is requesting your participation in a simple member survey.

BE ON THE LOOKOUT! The survey was emailed to all active members on Tuesday, June 1st with a link to the member satisfaction survey. All survey respondents will be entered for a chance to **win a \$50 Amazon gift card.**