



PRESIDENT'S MESSAGE



VALERIE C. MOORE, M.D.
Thank You!

Thank you for the opportunity to serve as the President of the Lee County Medical Society for the last year. It has been a year filled with activity for me. Even though I am used to life at a manic pace, this job added an extra dimension. I expect to find a quieter role for myself in working for Lee County medicine.

My goal for the year was to bring volunteerism to the forefront of local medicine. That goal has begun to be realized with the formation of the Lee County We Care Program and the Salvation Army Homeless Clinic. It is not time to rest on our laurels as these projects are just barely getting started and will need much nurturing in the coming year.

The most satisfying thing for me as President was to see members of the Board of Governors and members of the Society take leadership roles in volunteerism in the community. I started to list the names, but quickly realized that the list was too long and that I would make the unforgivable mistake of leaving someone out. So may I say many thanks to all of you who have given so many hours. You know who you are and hopefully are happy with the satisfaction of doing a job successfully. Personal satisfaction is the paycheck of the volunteer.

In the next few weeks, all members will be getting phone calls from Board members to ask what you would like to do differently in the Medical Society and to update you on what has been done on the local level, as well as in the FMA and AMA. Please let us know what you think. If, for some reason, you do not get a phone call, please pick up the phone and give us a call to voice your opinion.

(continued on page 2)

HELPING OUR OWN

Matthew Keown, 13 year old son of Dr. Richard & Michele Keown of Cape Coral, (a member of our Society & specializing in Psychiatry), has been at All Children's Hospital since August. He has had a bone marrow transplant for chronic leukemia which has been successful. He continues to improve.

Matt loves to receive mail. We ask that you correspond with Matt while he is recovering. Holiday cards and letters would be appreciated.

Matthew Keown
All Children's Hospital
801 6th Street South
St. Petersburg, FL 33701

Michele Keown has been with her son and letters and cards of support can be sent to her in care of:

Ronald McDonald House
835-7th Street South
St. Petersburg FL 33701

**LEE COUNTY
MEDICAL SOCIETY
AND AUXILIARY**

Invite You To A
HOLIDAY PARTY

Monday, December 14, 1992
at
THE VERANDA
2122 Second Street
7 - 11 PM

CASH BAR
Piano Music
by: Lila

Reservations must be received by 12/10/92
Member/Spouse or Guest: NC
Non-Member Physician/Guest: \$25.00

Make Checks Payable to the Lee County Medical Society.

HOLIDAY SHARING

Share With Others at our Holiday Party!

Senior Friendship Center — Gift for older persons: combs, hair brushes, hand creme, toiletries, handkerchiefs, large print books, stationery, postage stamps.

Women's Breast Screening — Monetary Donations.

Soup Kitchen — Children's Gifts: baby dolls (black/white), sturdy toys, trucks, etc., non-expensive items. ■

LEE COUNTY MEDICAL SOCIETY, INC. 1993 OFFICERS

The following 1993 Officers of the Lee County Medical Society were voted and approved at the November 16, 1992 General Membership Meeting. Installation of Officers will be held at the January General Membership meeting. If you have any questions, thoughts or ideas regarding the Medical Society, please contact your officers. They are there to work for your organization and to meet your needs.

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Valerie C. Moore, M.D.

Past President

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1 YEAR (93)
2 YEARS (94)
3 YEARS (95)

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Felix R. Mestas, M.D.
James H. Rubenstein, M.D.
John W. Snead, M.D.
Joseph P. Walker, M.D.

"DR. JOHN"

Dear Friends

I know you have been looking forward to our Christmas letter. Muffy and I were just talking about this, so we brought out our A and B lists on the computer, you remember the one we told you about last year; well, what a wonderful machine. We can trace all our investments right back to day one, marvelous. Those investments are quite a comfort, you understand, freeing one up from the primeval ooze, so to speak, leaving the mind so free to explore.

How are we doing? Fine, just fine. T.J. took delivery on his new Mercedes. All those trips to our second home at the lake really wore old Betsy (we call it Betsy, you see), and that new 500 SE model is just so nice we couldn't pass it up. That way, Muffy could keep the Jaguar and get to her Symphony Association meetings right on time. Everyone expects that of her, and she doesn't want to disappoint. We always say, "On-Time Muffy" ha, ha.

Muffy, of course, has many other activities, but that spreadsheet in the computer was attacked by a virus and now we can't remember what they are, but you can be sure that they are all very important to the environment and to the arts.

T.J., Jr. will be starting his senior year at Princeton, again. He was just so busy with activities last year that he really thought he should give it another go. The Administration was very considerate after we donated the gymnasium. Teeljr, as everyone calls him, left early to settle into his condo overlooking the campus. We know he will be a big success, just as he has always been, as we have often told you. Every time we see him, we're happy all over again that Muffy forgot her pills that month. Life is certainly marvelous.

Maggie sends her love (she's the elder of the two but we mention Teeljr first because he's the heir apparent, as we say, and you know how important that is in this family; T.J. says if the Big Guy had meant for women to come first he would have given them pants with zippers) and we'll enclose pictures of our grandchild on her first birthday. She is just so smart. She can count to 30 and is starting French. She was toilet trained months ago, or at least hasn't "gone" since then. Muffy puts a lot of importance on self control! Maggie's husband, Fred or something, has that wonderful job at the U.N., and we just know his investment (continued on page 2)

FLORIDA CITY TOY DRIVE

Christmas is fast approaching and the children who were victimized by Hurricane Andrew may have a dismal holiday without our help. Lee County, with our help as well as many local organizations, is sponsoring a toy drive for children ages infant to 18. Special boxes are being placed at both campuses for the collection of useable toys. On Christmas Eve, volunteers (elves) will wrap and take the gifts to the Homestead/Florida City area to bring a little joy to those kids most affected by the hurricane.

A "Toy Drive Kick-Off Celebration" is being organized jointly with Lee Memorial Hospital's Emergency Services and Lee County's Emergency Medical Services. All employees of Lee Memorial are encouraged to "Celebrate" at the Toucan Resort on December 10th from 6:00 p.m.-9:00 p.m. with free appetizers, cash bar. Admission is one (unwrapped) toy per person. For more information, please call Dr. Joe Lemmons at 334-5606, Lee Memorial Hospital, Emergency Services. ■

**LEE COUNTY MEDICAL
SOCIETY BULLETIN**
3805 Fowler Street
Fort Myers, Florida 33901
Phone (813)936-1645

The Lee County Medical Society Bulletin is published monthly with the June and August editions omitted.

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Ann Wilke 936-1645

The Editor welcomes contributions from the members. Opinions expressed in the Bulletin are those of the individual authors and do not necessarily reflect policies of the Society.

President's Message cont. from pg. 1

There is one person I want to thank for all that gets done in Lee County for medicine. Anne Wilke is a person that absolutely makes a difference for medicine. She is your advocate and your patient's advocate. She works tirelessly for medicine and is a voice heard on the state and national level.

With people like Anne Wilke and the physicians that work for medicine in Lee County, I feel optimistic about our future. ■

DR. JOHN (cont. from pg. 1)

ments will do as well as ours. It's such a comfort to see your children get started off on the right foot, with the best shoes.

Well, we don't want to run on so. We hope for Peace on Earth and Goodwill to Men of the right sort, and may your pension plan pass audit with Flying Colors.

T.J. and Muffy

Dr. John wishes you a Happy Holiday and hopes you don't get as many of these letters as he does. Noel, Noel! ■

**The Lee County
Medical Society Auxiliary
WORKING TO MAKE
A DIFFERENCE**

The theme throughout Barbara Siegel's year as auxiliary president is "Elect to Make a Difference", with the month of November dedicated to making a difference through legislative activities.

On November 4th, the auxiliary's legislative committee and interested auxiliaries attended a workshop conducted by Mr. Larry Lanier. The workshop was designed to enlighten members on the political process in preparation for the legislative breakfast which the auxiliary hosted on November 16th. Dr. and Mrs. Borden's home provided a welcoming ambience for the "get acquainted" breakfast in honor of our local legislators.

Auxiliaries were honored with the presence of Mr. Richard Johnston, Aide to Senator Mark Foley, Mrs. Nan Sumner, Aide to Representative Keith Arnold, and Mrs. Sharon Neuhofer, Aide to Representative Vernon Peoples. The Aides attended the breakfast on behalf of their legislators who were in Tallahassee for Organizational Week. They led the group in discussions of current issues of legislative importance for the 1993 session which begins the first week of February. Some of the issues discussed were securing the future educational needs of our growing state, health care reform incentives, and AIDS consent legislation.

Everyone in attendance agreed the legislative breakfast and forum was a great success. Hopefully, this is just the beginning of a very worthwhile tradition, as the auxiliary works to build a strong ongoing relationship with local legislators on behalf of organized medicine. ■

"KEEPING OUT OF TROUBLE"

LCMS Grievance Committee: The purpose of this report is to share with the Lee County Medical Society members some of the knowledge gained from serving on the grievance committee. In a relatively short period of time on the grievance committee, it has become apparent that there are many similarities between the types of complaints filed. It would seem, therefore, prudent for us to share this with the rest of the members of the Medical Society in an effort to prevent them from having their patients file grievances against them. This is most often unnecessary and usually quite preventable.

In reviewing several cases from the grievance committee, there are several themes that commonly occur. The first, and perhaps one of the most important, is the fact that the patient is required to wait an undue amount of time. It seems any amount of time greater than one hour will be considered excessive. Obviously there are times when this is unavoidable. However, when delays do arise, the courtesy should be given to the patients to notify them as promptly as possible of this delay and then to give them the option of waiting, rescheduling or canceling. This waiting is very important as it begins to anger the patient before they ever get to the doctor and sets up the physician to fail in any subsequent efforts. It is usually the fact that they have to wait and then subsequently did not like the treatment or diagnosis or some aspect of the physicians' care that causes the waiting to be so significant a problem as to become part of the grievance.

The second factor that appears to be very important in a grievance is the physician's cost or fees. When the patient has had to wait an undue period of time and subsequently is required to pay what is in their opinion an exorbitant fee, they are much more apt to complain. Or looked at another way, if they have a problem with the physician in any way and couple this with an inordinate fee structure that they cannot understand or have difficulty in paying, (particularly if it is not covered by their insurance or Medicare), then it is more likely for a grievance to result.

The third, and perhaps most important factor involved, is the failure of physicians to take the time to properly listen to and evaluate the patient. This is a recurring theme in the grievances brought before the committee and is frequently coupled with the time waiting and fee structures. A courteous, sympathetic and understanding ear provides an air of compassion and concern the patient expects and needs. This goes a long way in promoting an excellent doctor/patient relationship.

The fourth factor, and a very important factor indeed, is the way in which the patient is treated by the office staff. This may be in reference to their treatment when they are trying to make an appointment or if they are complaining about the bill, or the waiting, or the way in which they were treated by the physician. The way in which the office staff treats the patient may have a great deal of influence on when, or if, they actually file a grievance. It is therefore exceedingly important that the office staff treat the patient as humanely and compassionately as they can as this will promote goodwill and is expected by the patient.

The fifth factor relates to referrals. If a conflict develops between the doctor and the patient, it may be best to refer the patient to one of your partners or another doctor. I beseech you to go the extra distance when making any referral. In order to provide a smooth transition, it is always best to speak directly to the consultant and send records promptly. Your responsibility does not end by telling the patient to go somewhere else. You must not let them leave your office until they have an appointment with the consultant and have documented this in your office records.

In summary, the patient wants to be treated in the way you, as a physician, would want to be treated as a patient. They expect their appointment to be reasonably on time, they expect to be given adequate time to be evaluated and to have the physician listen to them, and they expect the fee to be reasonable for what was done. They also expect the office staff to treat them with courtesy and respect. All of these things make a difference; but, sometimes the very bottom line makes the most difference and if the patient is genuinely dissatisfied and has contacted your office back about the problems they are experiencing, quite often the easiest, most expeditious and best way to settle a dispute is to forgive the fee with respect to the disputed issue. Quite often the physician feels the fee is justified and he or she will not bend on this issue. However, usually the amount that is involved is small enough that it is not worth going through the entire process of having a grievance filed against you which needs to be investigated and looked at very seriously. It is hoped these few and basic rules to live by will help all the Lee County Medical Society physicians to be better physicians and to prevent grievances from being filed against you.

Robert Eid, M.D. ■

**MEDICARE MANDATORY PAYMENT HOLD INCREASED
TO 27 DAYS**

The Labor/HHS/Education Appropriations Bill (P.L. 102-394), which was signed by the president on October 8, 1992, provides for a lag in payment of Medicare claims as follows: Payment will be made no earlier than 14 days for electronic claims and 27 days for paper claims. The government estimates that it will save \$183 million in fiscal year 1993 as a result of the delays.

On a related matter, H.R. 11, The Revenue Act of 1992, which is currently awaiting the president's signature, includes a provision extending the date for payment of interest to 30 days after receipt of a claim. The provision would not differentiate between hospital and physician claims. This change is needed to avoid the interest payments on paper claims, which will be held for 27 days. ■

PHARMACIES & FAX

With the increase in FAX (facsimile) systems in Pharmacies and in the physician office, it seems appropriate to reprint the information in Chapter 465 of the Florida Statutes which pertains to FAX's.

Section 465.035, Dispensing of medical drugs pursuant to a facsimile prescription.

(1) Notwithstanding any other provision of this chapter, it is lawful for a pharmacy to dispense medicinal drugs based on reception of an electronic facsimile of the original prescription if all of the following conditions are met:

- (a) In the course of the transaction the pharmacy complies with laws and administrative rules relating to pharmacies and pharmacists.
- (b) Except in the case of transmission of a prescription by a person authorized by law to prescribe medicinal drugs:

1. The facsimile system making the transmission provides the pharmacy receiving the transmission with audio communication via telephonic, electronic, or similar means with the person presenting the prescription.
2. At the time of the delivery of the medicinal drugs, the pharmacy has in its possession the original prescription for the medicinal drug involved.
3. The recipient of the prescription shall sign a log and shall indicate the name and address of both the recipient and the patient for whom the medicinal drug was prescribed.

(2) This section does not apply to the dispensing of controlled substances listed in Schedule II as defined in s.893.03(5), F.S.

NOTE: If the patient faxes the prescription to the pharmacy three safeguards are required:

1. There must be prior or simultaneous contact with the pharmacy when transmitting the fax prescription.
2. The original "hard copy" must be in pharmacy's possession prior to delivery of the medication.

These three requirements do NOT apply to physician generated faxes. The state statute is written to allow facsimile transmission of Schedule III, IV or V prescriptions. However, the current DEA policy guidelines DO NOT allow for facsimile transmission of controlled substance prescriptions.

BOARD OF PHARMACY NEWSLETTER, Vol. 8, No. 1, February 1991. ■



**THE
QUESTION
MAN**

**OPINIONS - EDITORIALS
LETTERS TO THE EDITOR**

John W. Snead, M.D.

**"Do you think Interns and Residents
work hours should be limited?"**



Juan C. Domingo, M.D.
Internal Medicine

"They should possibly be limited to 12 to 16 hours a day."



Richard A. Chazal, M.D.
Cardiology

"It should be left to the discretion of the residency program director to make certain that acceptable standards of care are met."



Bipin Shah, M.D.
OB/GYN

"This is a profession, not a job. It's day and night. I think its going in the wrong direction."

NEXT MONTH'S QUESTION

**"DO YOU FEEL THE ANIMAL RIGHTS
MOVEMENT IS UNDULY FOCUSED ON
MEDICAL RESEARCH?"**

Send your comments to the Medical Society.

Bulletin deadline is the 15th of each month... we want to see you in the print media! ■

**MEDICARE ASSIGNMENT
LAW BEGINS
JANUARY 1, 1993**

Beginning January 1, 1993, certain physicians will be required to accept assignment when treating Medicare beneficiaries. With certain exceptions, the requirement will apply (1) when the patient is in an emergency medical condition, or (2) regardless of the patient's condition, when the primary physician accepts assignment.

Emergency Medical Condition: A physician to whom a Medicare beneficiary is in an emergency medical condition has been referred must accept assignment. An "emergency medical condition" is defined as a medical condition: manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: 1. serious jeopardy to the patient's health; 2. serious impairment to bodily functions; 3. serious dysfunction of any bodily organ or part.

The assignment requirement does not apply, however, after the patient is stabilized or for treatment that is unrelated to the original emergency medical condition. "Stabilized" means that no material deterioration of the condition is likely within reasonable medical probability.

Primary Physician Accepts Assignment: Beginning Jan. 1, 1993, when a Medicare beneficiary is referred to a physician for treatment, the physician must accept assignment if the referring primary physician accepts assignment. The requirement does not apply, however, if the patient agrees in writing, before receiving treatment, that assignment will not be accepted.

The law does not specifically address hospital-based physicians. The assignment requirement applies to a physician who has accepted referral from a primary physician. Since hospital-based physicians do not normally receive referrals from primary physicians, it appears the assignment requirement would not apply to them. ■

CONFIDENTIAL CARE FOR MINORS

The Council on Ethical and Judicial Affairs recommends that the following statements be adopted and that the remainder of this report be filed:

- Physicians who treat minors have an ethical duty to promote the autonomy of minor patients by involving them in the medical decision-making process to a degree commensurate with their abilities.
- When minors request confidential services, physicians should encourage them to involve their parents. This includes making efforts to obtain the minors' reasons for not involving their parents and correcting misconceptions that may be motivating their objections.
- Where the law does not require otherwise:
 - Physicians should permit competent minors to consent to medical care and should not notify parents without the patients' consent. Depending on the seriousness of the decision, competence may be evaluated by physicians for most minors. When necessary, experts in adolescent medicine or child psychological development should be consulted. Use of the courts for competence determinations should be made only as a last resort.
 - When an immature minor requests contraceptive services, pregnancy-related care (including pregnancy testing, prenatal and postnatal care, and delivery services), or treatment for sexually transmitted disease, drug and alcohol abuse or mental illness, physicians must recognize that requiring parental involvement may be counterproductive to the health of the patient. Physicians should encourage parental involvement in these situations. However, if the minor continues to object, his or her wishes ordinarily should be respected. If the physician is uncomfortable with providing services without parental involvement, and alternative confidential services are available, the minor may be referred to those services. In cases when the physician believes that without parental involvement and guidance, the minor will face a serious health threat, and there is reason to believe that the parents will be helpful and understanding, disclosing the problem to the parents is ethically justified. When the physician does breach confidentiality to the parents, he or she must discuss the reasons for the breach with the minor prior to the disclosure.
 - For minors who are mature enough to be unaccompanied by their parents for their examination; confidentiality of information disclosed during an exam, interview, or in counseling should be maintained. Such information may be disclosed to parents when the patient consents to disclosure. Confidentiality may be justifiably breached in situations for which confidentiality for adults may be breached. In addition, confidentiality for immature minors may be ethically breached when necessary to enable the parent to make an informed decision about treatment for the minor or when such a breach is necessary to avert serious harm to the minor.
- When laws violate these ethical standards, physicians should fulfill their legal requirements. However, such laws should be altered to conform with these guidelines. Physicians should play an active role in changing laws that are not in conformity with these standards.

NEW MEMBER APPLICANTS

Application For Membership

Active members are requested to express to the Board of Censors or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.

DR. JASPER J. RIZZO

Dr. Rizzo was born in Wilkes-Barre, Pennsylvania. He received his medical degree from the University of Medicine & Dentistry of New Jersey, School of Osteopathic Medicine in Stratford, New Jersey. He completed his internship and residency at Kennedy Memorial Hospitals - University Medical Center in Stratford, New Jersey. Dr. Rizzo is practicing with Associates in Urology. He is married to Mary C. Yankaskas, M.D. ■



DR. CHRISTINA MARIE DIAZ

Dr. Diaz was born in Miami, Florida. She received her medical degree from the University of Iowa, Iowa City, Iowa. Dr. Diaz completed her internship and residency at the University of Florida. She also completed a residency at Washington University, Missouri. Dr. Diaz is practicing Neurology and is an Associate of Drs. Carlin and Driscoll. Dr. Christina Diaz is married to Dr. Nils M. Diaz. ■



DR. HEATHER V. AULD, M.D.

Dr. Auld was born in Yankton, South Dakota. She received her medical degree at the University of South Dakota School of Medicine in Vermillion, S.D. She completed her internship at Sacred Heart Hospital in Yankton, South Dakota and her residency at Mount Sinai Medical Center in Cleveland, Ohio. Dr. Heather Auld has joined Marilyn Young, M.D. in the practice of Obstetrics/Gynecology at 9981 Health Park Circle. ■



PMA PROGRAM PROVIDES FREE MEDICATIONS

The Pharmaceutical Manufacturers Association (PMA) recently began a pilot program to help physicians more easily identify and contact prescription drug company programs that provide free medicines to needy patients.

The PMA distributed a directory listing 59 corporate prescription drug indigent programs to physician groups around the country. Health care professionals may obtain a free copy of the directory by writing to: 1992 Directory of Prescription Drug Indigent Programs, Pharmaceutical Manufacturers Association, 1100 15th St. NW, Washington, DC 20005.

In late July, the PMA also installed a toll-free hotline for physicians to get more information on prescription drug indigent programs. The toll-free number is 1-800-PMA-INFO. For physicians in the D.C. metropolitan area, the number is 202-393-5200.

Since prescription drugs can only be supplied based on the medical information from doctors, the directory hotlines are for physician use only. Patients who wish to participate in these programs or obtain more information about them must do so through their physician. ■

Happy Hanukkah and Merry Christmas

ACTIVITIES OF SPORTS MEDICINE COMMITTEE

Robert E. Arnall, M.D., Co-Chairman

The Sports Medicine Committee of the Lee County Medical Society, continues to be active. The established role is to monitor the sports medicine services in Lee County. The following is a summary of this year's activities.

The Lee County School board continues to have a contract with Lee Memorial Hospital and Cape Coral Hospital to provide supplies, training services, athletic contest coverage and education for student trainers for the entire school year.

During football season, a free Saturday morning clinic is held to evaluate athletes with potential problems from the Friday night games. Physician coverage is provided by the team physician and other orthopedists who donate their time.

Radiology services are given by the hospital radiologists.

Each Lee County public school selects a team physician every year. These physicians are then approved by the Sports Medicine Committee as required by the School Board policy. The following physicians currently serve for the 1992-93 school year: Cape Coral High School - Richard Delorio, M.D.; Cypress Lake High School - Ed Dupay, D.O.; Estero High School - Larry Eisenfeld, M.D.; Fort Myers High School - John Kagan, M.D.; Mariner High School - Donn Fuller, M.D.; North Fort Myers High School - Barry Sell, M.D.; Riverdale High School - Ron Gardner, M.D.

Another function of the Sports Medicine Committee is to help organize the annual pre-participation screening. This was held June 3 and 4, 1992. Slightly over 300 student athletes were cleared for initial entry into the sports program.

The following physicians participated: Doctors R. Arnall, Beaulieu, Collier, Curtis, DePree, Drass, Dupay, Eisenfeld, Howington, A. Kagan, V. Kini, Kirley, Otis, Sell, M. Sherman, Tomeo and D. Troast.

The program has proven to be of significant value to the youth of Lee County and to the School Board.

For many years, the Medical Society has worked with the high school sports program. The current program was officially adopted by the Board in 1982. The Lee County Medical Society Sports Medicine Committee continues to oversee all facets of the operation. ■

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WAIVER OF MEDICARE ASSIGNMENT REQUIREMENT

by Jerry L. Cohen, Esq. FMA Associate General Counsel

The Passage of Committee Substitute for Senate Bill No. 1580, Chapter 92-118, created this state's requirement that physicians accept Medicare assignment. Beginning January 1, 1993, physicians who provide treatment to Medicare beneficiaries who are in an emergency medical condition must accept Medicare assignment. (See *Emergency Medical Condition in accompanying article*). The requirement to accept assignment continues with respect to consulting physicians even after the emergency medical condition if the primary physician accepts assignments. The only way to be relieved of the requirement to accept assignment after the emergency medical condition has passed is if the consulting physician has agreed otherwise with the patient in writing.

The question has been asked whether a physician may enter into a written agreement with his patients that should the patient become hospitalized, Medicare assignment will not be accepted. While it seems plausible, and even advisable to enter into such an agreement, given that the statute requires a written agreement for consulting physicians to avoid the Medicare assignment requirement, the agreement would not be effective during the emergency medical condition. In other words, it seems that such a written agreement entered into today, assuming it is worded properly, would be enforceable should the patient become hospitalized tomorrow. The agreement would, however, probably not be effective for treating the patient in the emergency medical condition.

The length of time which passes between the date the agreement was entered and hospitalization could also be significant. It is quite possible that the older a written agreement is, the likely it is that it will be enforced. Physicians and patients who wish to enter into such an agreement should consider, therefore, periodically updating their agreements, perhaps every year.

It is important that a patient be fully informed of his or her legal rights in writing, otherwise the waiver might be ineffective. Physicians wishing to enter this type of agreement might consider using the following language:

Florida law requires me, as your physician, to accept Medicare assignment for any services provided to a Medicare beneficiary for an emergency medical condition. An emergency medical condition is defined as one which manifests itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: 1. Serious jeopardy to the patient's health. 2. Serious impairment to bodily functions. 3. Serious dysfunction of any bodily organ or part.

Florida law provides further that if I provide treatment to you for a condition that is not an emergency medical condition and your primary physician accepts assignment, then all consulting physicians must accept assignment. The only exception is where you agree in writing, before receiving the treatment, that the physician need not accept assignment.

BY SIGNING BELOW, YOU AGREE THAT AS YOUR PHYSICIAN, DR. _____ WILL NOT ACCEPT MEDICARE ASSIGNMENT FOR TREATMENT PROVIDED TO YOU FOR ANY CONDITION OTHER THAN AN EMERGENCY MEDICAL CONDITION.

By signing below, I agree that Dr. _____ need not accept Medicare assignment for treating me for any condition which is NOT an emergency medical condition. (Patient signature). ■

PHYSICIANS IN THE NEWS

We are pleased to announce Phillip E. Andrews, M.D. has been elected to the Board of Governors of the American College of Surgeons as a Governor-at-Large from Florida. He was elected at the Annual Meeting of Fellows on October 15, 1992 for a term ending with the conclusion of the 1995 Clinical Congress. ■

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