



The CADUCEUS

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DCMS Physician Spotlight: Dr. Manoj T. Abraham

This month’s doctor profile highlights the Dutchess County Medical Society’s very own Board Member and Treasurer, Dr. Manoj T. Abraham. Dr. Abraham runs his own practice; Facial Plastic, Reconstructive & Laser Surgery, PLLC and Oasis MediSpa. He has three office locations; Poughkeepsie, Ardsley, and New York City. Dr. Abraham attended Brown University and Cornell University Medical College. He completed his internship at Lenox Hill Hospital in General Surgery, followed by residency in Otolaryngology - Head & Neck Surgery at Manhattan Eye, Ear & Throat Hospital and NYU Medical Center, and fellowship at University of California, Los Angeles Medical Center in Facial Plastic Surgery and Microvascular Reconstruction. Dr. Abraham is double board certified in Facial Plastic & Reconstructive Surgery and Otolaryngology – Head & Neck Surgery. He is a Clinical Assistant Professor in the Department of Otolaryngology at the Icahn School of Medicine at Mount Sinai and as well as the New York Medical College.

up in Sri Lanka. When he was growing up, Sri Lanka was immersed in incredible ethnic tension. The minority Tamil population was oppressed and as a result, in the 1980’s, especially around election time, there would be ethnic atrocities with mobs engaged in looting, burning, raping, killing, and maiming. During one episode of rioting, his family was almost killed. The only reason they survived was because of bars on the windows that kept the violent mob out. They moved to Nigeria, which was not a stable country either. There was a military coup and his father’s business partner was shot. They escaped Nigeria and immigrated to the United States, with the help of his uncle, a physician, and eventually settled in Massachusetts.

Having been through and seen the worst in humanity in many different ways, Dr. Abraham empathizes with the terrible situations people find themselves in. In his own

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Dr. Abraham’s parents are originally from India but he grew



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words, “if I can make a difference in people’s lives, especially with kids, it’s something that I’m almost driven to give back. I consider myself incredibly lucky to have survived and to be where I am now. These medical missions that I lead now are a way to give back for how lucky and blessed I am.”

However, Dr. Abraham didn’t always know that he wanted to be a doctor. When he was younger, he was always very interested in nature and science. His cultural and family background gave him a push to do something professional like becoming a physician. In college, Dr. Abraham worked as an emergency medical technician. It was working in an ambulance that got him interested in the clinical aspect of medicine. Taking care of patients put him on track to thinking about medical school and becoming more involved in clinical practice. Dr. Abraham started his training in Otolaryngology. He was then drawn to Facial Plastic Surgery because of the dramatic changes with these surgical procedures. “You do something in the operating room and you see immediate results.”

According to Dr. Abraham, the biggest benefit in his specialty is the idea of making a positive change for a patient, in a short period of time. He is able to help a patient feel better about the way they look, whether it be a result of a cosmetic procedure, or reconstruction for trauma or cancer deformity. The idea of making an instant improvement has been a driving force in his career. Dr. Abraham does some very complex procedures including microvascular reconstruction, where tissue is taken from elsewhere in the body and transplanted into the head and neck area. This enables exact matching of the tissues and the best restoration of the intricate anatomy in these areas. But these are long procedures, 8-10 hours in the operating room. The work can be very tedious, but very gratifying, in terms of being able to provide the patient with the best possible reconstruction.

Dr. Abraham has made several technical and humanitarian contributions to his field. From an academic perspective, he’s done a significant amount of research and publication. He was involved in the original studies for cutting edge research to develop a cosmetic device to non-surgically tighten the skin. As well, Dr. Abraham teaches residents at Mount Sinai and the Westchester Medical center. Teaching the next generation of doctors is definitely a point of personal pride.

From a humanitarian perspective, he leads several medical mission trips each year. In his words, “what keeps me going and recharges my batteries are these medical mission trips that I do.” He goes on two or three trips a year to under served countries throughout the world, but more recently he’s focused on his trips to India. Dr. Abraham works with Healing the Children, an organization committed to arranging free surgical, dental, and medical treatment for children in need. He primarily works on children with facial deformities, primarily cleft lip and palate. In addition to the condition causing a catastrophic central face deformity, it leaves these children unable to speak, eat or drink normally. As Dr. Abraham says, “being able to fix that with a few procedures and seeing life changing improvements in a short period of time, I feel very grateful for being where I am now and being able to give back to these kids. It’s certainly something that I strive to do.”

Knowing that doctors are life changers, We asked Dr. Abraham if there was a patient or diagnosis that has had a profound impact on him. Here is his touching story.

“We are in these countries for about a week and word goes out that we will be there. I remember an instance where a woman took her infant on a 3 day canoe trip, then walked on foot, took a bus, and got to us in Peru. A lot of these people go through a great deal of hardship to get to us and it tells you a lot about the love they have and what they’re willing to do to help their children.” He offered another story that highlights his work with Healing the Children. “In Colombia, there was a child who came with full body burns. Over there, they cook over open flames and the mother thought it was water she was putting on the fire to put it out. It was kerosene. I knew looking at her child that it was too big a procedure to do anything. We put her in contact with a burn team. But that’s heart wrenching because you’re trying to do as much as you can, but there are certainly limitations to what you can do. We do these missions, but the hardest thing about them is that you can’t help everyone. On these mission trips, we are operating sometimes morning to midnight and I don’t get to interact with the parents all that much since I am in the operating room. The most gratifying thing is that after a day of surgery we spend the next morning making rounds to check on all the patients that we operated on. When you are met with cheers and they are hugging you, it is incredibly gratifying. You are dead tired but you really feel emotionally recharged and you really appreciate what you do as a doctor. I appreciate that this work gives me the truest sense of medicine. I don’t have to worry about insurance companies and paperwork and the patients and families are overwhelmingly appreciative.”

He believes he wouldn’t be doing what he does with Healing the Children if he didn’t truly enjoy what he was doing in the United States. Abraham states “Making people feel better about the way they look, puts them in balance. Putting how they feel

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Bits & Pieces

Ulster Financial Payroll Processing is Available at 20% Discount To Members

Ulster Financial Payroll, a subsidiary of Ulster Savings Bank, is offering a 20% discount on payroll processing services to all Dutchess County Medical Society members. This service is available to all size practices. If you currently subscribe to the service, the discount is still available to you, as long as you do not already have an Ulster Financial Payroll discount. If you would like to subscribe to Ulster Financial Payroll, call the Dutchess County Medical Society at 845-452-2140 for more information.

Promotional Products Help Support the Dutchess County Medical Society

Streamline Promos is offering its promotional products to members of the Dutchess County Medical Society. Every order a member physician places with Streamline Promos will help support the medical society's programming and events. If you would like information about Streamline Promos, call the Dutchess County Medical Society at 845-452-2140, Ext. 3 for more information.

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Did you know...

Being a member qualifies you to take part in the MSSNY Magazine Program? Car and Driver for \$12, weekly Time Magazine for \$29.95, Bon Appetit for \$18. For more information, Just log on to buymags.com/mssny. Enjoy!!!!

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Question for the Attorney

By: Kern Augustine Conroy & Schoppmann, P.C.

As a member benefit for all subscribing physicians, the Dutchess County Medical Society has teamed up with the law offices of Kern Augustine Conroy & Schoppmann, P.C. to answer your questions. Feel free to call or email today any legal questions you've have, and we will help you find the answers.

Question: A patient's parent was outraged when her medical group sent her child's medical records to a school without prior authorization from the parent. The school had reached out and made the request. What is the privacy policy for medical records and schools?

Answer: The general rule is that the medical practice should obtain parent permission before disclosing medical information pertaining to minor child. HIPAA permits medical practice to disclose patient information under certain circumstances without patient written consent. One of the circumstances is where school requests vaccination information of students. The doctor may disclose vaccination information to the school pursuant to request of the school. The doctor may disclose the vaccination information to the school without written consent of the parent, but the doctor should still obtain oral approval of parent.

Please see Federal Register vol. 78 January 25, 2013 pages 5616-5618, which includes HHS' discussion of this provision

Final Rule

The final rule adopts the proposal to amend § 164.512(b)(1) by adding a new paragraph that permits a covered entity to disclose proof of immunization to a school where State or other law requires the school to have such information prior to admitting the student. While written authorization will no longer be required to permit this disclosure, covered entities will still be required to obtain agreement, which may be oral, from a parent, guardian or other person acting in loco parentis for the individual, or from the individual himself or herself, if the individual is an adult or emancipated minor. We believe

Medicare Extends Deadline to Appeal Two Penalties

Question: When is the new deadline to appeal two penalties?

Answer: The Centers for Medicare & Medicaid Services ("CMS") has extended the deadlines for physicians and group practices facing two different Medicare penalties in 2016 to request an informal review if they believe the government made a mistake. The penalties, which whittle down reimbursement, are levied under Medicare's Physician Quality Reporting System ("PQRS") and the Value Based Payment Modifier ("VBM") program. The original deadline for an informal review of both penalties had been November 9, 2015 but has now been extended until November 23, 2015. In PQRS, Medicare penalizes physicians for unsatisfactory reporting of clinical quality data. The penalty in 2016, based on performance in 2014, will lower fee-for-service payments by 2%. Physicians, medical groups, and accountable care organizations can learn if they are due for a pay cut by obtaining a PQRS feedback report for 2014.

The CMS website explains how to obtain the report. Requests for an informal review can only be made online through the Quality Reporting Communication Support Page of CMS. CMS promises a decision, which is final, within 90 days.

To read more about this deadline extension and how to file for informal reviews, please visit: https://www.qualitynet.org/portal/server.pt/community/pqri_home/212.

If you have any questions, please contact Kern Augustine Conroy & Schoppmann, P.C. at 1-800-445-0954 or via email at info@DrLaw.com.

Physician Spotlight: Dr. Manoj T. Abraham

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on the inside in balance with how they look on the outside, is how I look at it. It's about making people feel better about the way they look. It's great to come back (to the US), especially with the technology we have. The stories are the same. I am doing the best that I can to make a positive change in their lives."

We asked Dr. Abraham for three pieces of advice for the general public. His advice would be:

No matter what situation you find yourself in, as long as you work really hard and have faith, you can always find a way.

Working towards a goal is always great, and family is an important part of that.

From a clinical perspective, technology has come a very long way and medicine has come a long way. If you have a concern, then it's worth while talking to a physician about it because there are things we can do now that certainly weren't possible in the past.

I like the concept of Balance, matching who they are on the inside with how they look on the outside. In working with children, kids who are bullied, I find that there are these things on the outside that bother the way that they feel and how they are treated. In these situations, there are things that can be done to make people feel better about the way that they look. There's a key in helping people feel good about the way that they are. If there's something that bothers **you**, not because it bothers someone else, but if it bothers you on the inside and it's affecting the way that you feel about yourself, then it's great that I have a lot of options to correct the problem for you.

On, Thursday, December 3, 2015, from 5:30-8:30pm at the Henry Wallace Theater FDR Presidential Library in Hyde Park, Dr. Abraham and his wife, Kavita Aggrawal, MD will host a benefit for Healing The Children. The theme is East Meets West since it captures the idea of bringing together our communities for the sake of healing children. They are honored to have Josh Weinstein, the director of the movie "Flying on One Engine" who will present a few clips about the mission sites in India and the inspirational work done there. They are also featuring an Arya Indian Dance performance and fusion jazz music by the acclaimed Arun Ramumurthy Trio. Ticket cost is just \$25 which includes food and drink catered by among others a chef trained at the Culinary Institute and Indian celebrity chef Rinku Bhattacharya. As the team leader for these medical missions to India to help children with facial deformities, he asks that everyone please consider generously sponsoring this wonderful cause which is near and dear to his heart. DCMS is committed to assisting Dr. Abraham in making this program a great success!! We thank Dr. Manoj Abraham for his time and incredible contributions to our medical community, the Dutchess County Medical Society, and those less fortunate in the countries he has visited around the world.

Think Scleroderma. Diagnosis & Beyond

When a patient comes to you with a myriad of symptoms – sorting it all out takes time and patience. A diagnosis of scleroderma is said to take 3-5 years! How frustrating for everyone, especially the patient! We would like to make scleroderma more “top-of-mind” for providers, so take a couple of minutes to re-familiarize yourself with this chronic, debilitating disease right now.

Think Scleroderma. Most prevalent in women – in childbearing years. African-American women have the most aggressive form in general.

Think Scleroderma. Look at the patient's hands. This simple task can open the window toward diagnosis! Are they cold or puffy? Is the skin tight & shiny? Are there any ulcers or wounds that aren't healing? (95% of scleroderma patients have Raynaud's Phenomenon.)

Think Scleroderma. It means “hard skin”, but it's not just skin deep – a person can have scleroderma without visible signs. Often they have one or more of these symptoms: swallowing issues, GERD, bloating, high blood pressure, joint/muscle pain and shortness of breath and overwhelming fatigue.

Think Scleroderma. If you notice any of these indicators, ask the patient if they have a rheumatologist. The Scleroderma Foundation can help them find the right one and guide them to the many other resources that are available to help. Connect your patient with us! Our goal is no patient should feel alone.

Think Scleroderma. You might shorten the time from symptoms to diagnosis. Thank you!

Mary Beth Bobik-Kadylak

Director of Patient Education & Support

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Want to learn more and get approved CEU's free of charge? Visit: SclerodermaTriState.org then click on Health Care Professionals



The New York State Plan to End AIDS: What Every Medical Provider Needs to Know

*By Varsha Koripella, M2, Wayne State Medical School
Terri L. Wilder, MSW, Mt. Sinai Institute for Advanced Medicine
Antonio E. Urbina, MD, Mt. Sinai Institute for Advanced Medicine*

New York State (NYS) has made tremendous strides in decreasing HIV infection rates over the past decade. In order for the AIDS epidemic to be brought to sub-epidemic levels and the first ever decrease in HIV prevalence, NYS must aim to decrease new HIV infections from 3,300 to 750 annually, and reduce the rate at which persons diagnosed with HIV progress to AIDS by 50%. In June of 2014, Governor Andrew M. Cuomo announced a three-point plan to end the AIDS epidemic in NYS by the end of 2020. The plan's stated goals involve:

Identifying persons with HIV who remain undiagnosed and linking them to health care. There are approximately 22,000 people living with HIV in NYS who are unaware of their status. It is critical that access to voluntary HIV testing be increased so individuals can access treatment if they test HIV-positive. Since 2010, NYS Public Health Law has required that medical providers offer HIV testing to all patients ages 13 to 64 as a routine part of health care.

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission. In NYS, approximately 64,000 of the 132,000 persons living with HIV are receiving sub-optimal treatment. It is imperative that medical providers identify and link patients to care as soon as possible.

Providing access to pre-exposure prophylaxis (PrEP) for high-risk persons to keep them HIV-negative. PrEP is a biomedical intervention for high-risk individuals who are currently HIV-negative. It involves the person taking Truvada, a once-daily pill consisting of tenofovir and emtricitabine. In order to expand on the utilization of PrEP as a prevention tool, the Governor's plan recommends focusing on education and awareness, affordability, and enhanced availability.

Are you up-to-date on the Governor's Plan to End AIDS?

The NYS Department of Health Clinical Education Initiative (CEI) provides free CME/CNE trainings for medical providers in NYS. To request a training or to view on-line HIV courses, please visit www.ceitraining.org. To speak with a clinician experienced in managing HIV or PrEP, call the CEI Line toll-free at 1-866-637-2342.

References

"2015 Blueprint to End AIDS." NYS Department of Health, 30 Mar. 2015.

The New York State Hepatitis C Testing Law: A Focus on Baby Boomers

*By Varsha Koripella, M2, Wayne State Medical School
Terri L. Wilder, MSW, Mt. Sinai Institute for Advanced Medicine
Antonio E. Urbina, MD, Mt. Sinai Institute for Advanced Medicine*

Hepatitis C virus (HCV) is a serious, often under-recognized public health problem in the U.S, especially in New York State (NYS) where an estimated 195,000 of the affected 3.2 million people live. If left untreated, HCV can cause serious liver damage and/or liver cancer, and is the leading cause of liver transplants in the U.S. Due to recent advances in medicine, new, more effective treatments are now available that can cure most people living with HCV.

To increase HCV testing and ensure timely diagnosis and linkage to care, the NYS Hepatitis C Testing Law was put into effect on January 1, 2014. The law has three main provisions:

An HCV screening test **must** be offered to every individual born between 1945 and 1965 receiving inpatient services at a hospital or primary care services through a hospital outpatient clinic or diagnostic/treatment center or from a physician, physician assistant, or nurse practitioner regardless of setting. Exceptions occur if the individual is being treated for a life-threatening emergency, has previously been offered or received a HCV screening test, or lacks the capacity to consent. Emergency Departments are encouraged, but not required to offer testing

The offer of testing must be culturally and linguistically appropriate

If an individual accepts the offer and the test is reactive, the provider must offer the individual follow-up health care or refer them to a provider who will

The law specifies baby boomers because more than 75% of adults infected with HCV were born between 1945 and 1965, and most were infected in the 1970s and 1980s when drug use was highest. Even now, sharing needles is the most common way for people to become infected. In addition, some may have been infected by contaminated blood products before universal screening of the blood supply began in 1992. Early HCV screening is necessary for improving health outcomes and preventing HCV transmission to others. HCV is a curable disease for most, and the success of treatments depends on providers properly identifying and linking patients to care and treatment.

Are you up-to-date on the NYS Hepatitis C Testing Law?

The NYS Department of Health Clinical Education Initiative (CEI) provides free CME/CNE trainings on HCV for medical providers in NYS. To request a training or to view on-line HCV courses, please visit www.ceitraining.org. To speak with a clinician experienced in managing HCV, call the CEI Line toll-free at 1-866-637-2342.

References

- Smith, Bryce D., Rebecca L. Morgan, Geoff A. Beckett, Yngve Falck-Ytter, and Deborah Holtzman. "Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born during 1945-1965." *Morbidity and Mortality Weekly Report* 61.4 (2012): 1-32. Print.
- New York State Department of Health. Web. 6 June 2015. <http://www.health.ny.gov/diseases/communicable/hepatitis/hepatitis_c/providers/testing_law.htm>.

Preventing HIV: What Every Clinician Needs to Know about Non-Occupational Post-Exposure Prophylaxis

*By Varsha Koripella, M2, Wayne State Medical School
Terri L. Wilder, MSW, Mt. Sinai Institute for Advanced Medicine
Antonio E. Urbina, MD, Mt. Sinai Institute for Advanced Medicine*

If a patient presents to a medical provider with a recent HIV exposure, immediate nPEP (non-occupational post-exposure prophylaxis) administration may prevent HIV transmission. This 28-day regimen is recommended for exposed patients of at least 13 years of age, and the recommended regimen is tenofovir + emtricitabine plus either raltegravir or dolutegravir. Situations that prompt a request for nPEP include condom slippage, breakage or lapse in use, and unsafe needle-sharing.

The NYS Department of Health nPEP guidance states: for maximum effectiveness, nPEP must be administered within 36 hours of exposure, ideally within two hours. If the source person is known to be HIV-infected, the provider should obtain information about his/her viral load and antiretroviral medication history, but do not delay administration of the first dose. After administration, telephone or in-person consultation with an experienced HIV provider is recommended. To speak with a clinician experienced in managing nPEP, call the CEI Line toll-free 24/7 at 1-866-637-2342.

When deciding whether to prescribe nPEP, the clinician should assess the patient's risk of HIV acquisition based on the type of exposure. The behaviors that confer the highest risk are needle-sharing and receptive anal intercourse with an HIV-infected person. Treatment of these exposures should be combined with a strong educational component that emphasizes prevention of future exposures.

All patients receiving nPEP should be re-evaluated within 3 days of the exposure and weekly during the recommended 28-day regimen to assess adherence and side effects. In addition to the baseline test, HIV testing should also be done at week 4 and week 12 post-exposure regardless of whether nPEP was initiated. If the HIV test result is positive at any time, perform a FDA-approved confirmatory assay to confirm the diagnosis. A negative HIV test result at 12 weeks post-exposure reasonably excludes HIV infection related to *this* exposure.

A member of the health care team should provide risk-reduction counseling whenever someone is assessed for nPEP, and medical providers should assess for other factors that can contribute to risk behavior. Persons who present with repeated high-risk behavior should be the focus of intensified education and considered for initiation of pre-exposure prophylaxis (PrEP).

Are you up-to-date on nPEP?

The NYS Department of Health Clinical Education Initiative (CEI) provides free CME/CNE trainings on nPEP for medical providers in NYS. To request training or to view online nPEP courses, please visit www.ceitraining.org.

The complete NYS DOH PEP guidelines can be found at <http://www.hivguidelines.org>.

References

- HIV Clinical Resource*. NYS Department of Health AIDS Institute, Oct. 2014. Web. 8 June 2015. <<http://www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational-exposure/>>
- "I might have been exposed to HIV. What should I do?" Web. 8 June 2015. <<http://www.hivguidelines.org/wp-content/uploads/2013/12/i-might-have-been-exposed-to-hiv.-what-should-i-do.pdf>>.

Commissioner's Corner

Dutchess County Department of Health

Updated Information and Guidelines for Evaluation of Patients for Middle East Respiratory Syndrome Coronavirus (MERS-CoV) Infection (CDC HAN 380)

Monday, June 15, 2015 – 4 pm

The Centers for Disease Control and Prevention recently distributed [updated information and evaluation guidelines for Middle East Respiratory Syndrome Coronavirus \(MERS-CoV\)](#).

Since May 2015, the Republic of Korea has been investigating an outbreak of MERS. It is the largest known outbreak of MERS outside the Arabian Peninsula.

CDC does not recommend that Americans change their travel plans to the Republic of Korea or other countries because of MERS. See [MERS in the Republic of Korea, Watch-Level 1 Travel Notice](#).

Specific travel recommendations are also available for those who do plan to travel to the [Republic of Korea, the Arabian Peninsula \(Bahrain; Iraq; Iran; Israel, the West Bank and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates; and Yemen\), Saudi Arabia for Hajj or Umrah, and Airline crews](#).

Healthcare Provider Specific Recommendations:

Ask all patients about travel history including healthcare facilities visited while traveling as part of your standard practice. Consider posting signs at entrances, reception areas, and triage in multiple languages. Have reception staff obtain travel history and symptoms at reception/registration.

Be alert for patients who develop fever AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) AND a history of being in a healthcare facility (as a patient, worker, or visitor) in the Republic of Korea within 14 days before symptom onset. Case Definitions.

Suspect cases should be evaluated for MERS-CoV infection in addition to other common respiratory pathogens and reported immediately to the **Dutchess County Department of Health at (845) 486-3402**.

Standard, contact, and airborne precautions are recommended for management of patients with suspected or known MERS coronavirus (MERS-CoV) infection.

Testing for MERS-CoV and other respiratory pathogens is available with Pre-Approval from NYSDOH and may be performed at NYSDOH's Wadsworth Center Laboratories. [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for MERS-CoV \(ver 2\)](#)

CPH

Committee for Physician Health

*A division of the
Medical Society of the State of New York*

The mission of the Committee for Physician Health is to provide confidential, non-disciplinary assistance to physicians, physician assistants and medical students suffering from substance use and other psychiatric disorders while protecting public safety.

A Message of Hope A Tradition of Caring

CPH identifies physicians who may need assistance, refers them for specialized evaluation, and, if indicated, treatment with capable clinicians. As a result of monitoring the health of physicians, CPH is able to actively advocate for participants to continue their work as physicians.

COMMON REASONS FOR REFERRAL

- Concern about the health of yourself or a colleague.
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Disability Income Protection for Members

Do you have enough disability income protection? When is the last time you reviewed your disability insurance? Up to \$17,000/month of disability income protection is now available to physician members under age 50 through the program endorsed by our county medical society, underwritten by Life Insurance Company of Boston & New York (Athol Springs, NY) and offered by Charles J. Sellers & Co., Inc. For more details, please contact Sellers & Co. at 800-333-5440 or via e-mail at charles.sellers@sellersinsurance.com. You can also visit their website at www.sellersinsurance.com for more information on this Disability Income program. Sellers & Co. has worked with Medical Society members to help them protect their incomes against the financial effects of a disability for over 70 years. Representatives are available to review your insurance protection, in person or by telephone, without cost or obligation.



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KERN AUGUSTINE CONROY & SCHOPPMANN, P.C. Attorneys for Health Professionals would like to introduce you to the new, cutting-edge Premier Program of the Physician Advocacy Program® (“PAP”). The new Premier Program will augment PAP members’ immediate access to their own, expert health law defense team in case of a legal investigation and now provide PAP members with industry leaders and trusted advisors to build proactive solutions regarding asset protection, estate planning, HIPAA compliance and billing/coding/documentation for reimbursement.

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Dutchess County Medical Society

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