

**GENERAL
MEMBERSHIP
MEETING
FEBRUARY 21, 1994**



Arthur L. Eberly Jr., M.D.
FMA President

Dr. Eberly will speak to the LCMS on the current Florida Health Care Plan and update us on the progress of the Statewide IPA/HMO undertaken by the FMA and Florida Independent Physician Association. You are encouraged to attend as we continue to bring you information on Health Care Reform. ♦

**FEBRUARY
MEDICAL SOCIETY
MEETING**
Royal Palm Yacht Club
February 21, 1994
Social Time: 6:30 p.m.
Dinner Time: 7:00 p.m.

SPEAKER:

ARTHUR L. EBERLY JR., M.D.
FMA PRESIDENT

TOPIC:
Update on Florida
Health Care Reform
&
Statewide IPA/HMO

DINNER BY RESERVATION ONLY

CANCELLATIONS:
By Noon, Monday

**"DR. JOHN"
Famous**

I tell you, folks, it was this close. My "fifteen minutes of fame" was within reach. I was finally going to impress Alice. Let me tell you about it.

Joe O'Bryan has a patient who lives in the retirement place across the street from Southwest Regional. She recently became ill with cellulitis and fever. The ambulance was called for and she was transported, literally, across the street, \$225. Now, I know it would be the same if she lived five miles away, but it is inherently foolish to charge so much for a 150 yard trip. Things like that make us all look bad.

She was ready to go home the weekend I was on call. Maybe, I thought, I could take her home in a wheelchair--no charge. The more I considered the idea the more attractive it became.

I walked the route and found only six feet of dead grass to traverse, otherwise it was all paved. There isn't a median on that road, and the traffic would be light on Sunday morning. Wouldn't want her to be splattered by a bus--I'd just have to call the ambulance again, this time for fifty yards.

I mentioned this to Mike Raymond, who volunteered he had a friend at a TV station and thought he could get me on the six o'clock news. The newspaper might do a follow-up. My imagination fired up.

"LOCAL DOCTOR DECLARES WAR ON HIGH PRICES"

Real human interest stuff, by damn. Maybe this would lead to an interview on Public Radio, squeezed in between the pleas for more donations.

For the TV coverage I'd have to decide which tie to wear, the blue one or the brown one; maybe I should buy a new one. Nah!

Answering service was quiet that morning so I had plenty of time to think about the possibilities. Maybe I would go on MacNeil/Leher, or Rush Limbaugh. People magazine might call. Should I use my aw-shucks persona or my cynical, worldly persona? Should I get a haircut? Should I hide or flaunt my Mont Blanc pen? Both ties have food stains, so perhaps I should get a new one. Clip-on or the other kind? Which is more sincere? Should I tell the joke about the pervert and the chicken?

I worked myself into a lather with these fantasies. Careers have been built on less. With great anticipation I presented the plan to the patient. She considered it, very briefly, and said, "No, thanks, my husband is taking me home."

Well, hell. I had spent so much time on this that I sent her a bill for \$255.

Alice, you are not going to like this headline.

John R. Agnew, M.D. ♦

FOR YOUR BENEFIT

AMA TO CONGRESS: DOCTORS MUST MAKE MEDICAL DECISIONS IN A REFORMED SYSTEM

Physicians are "deeply concerned" the Clinton administration and others proposing health system reform would turn medical decision-making over to insurance companies and government bureaucrats. ♦

In a Nov. 5 speech to the Commonwealth Club of California, AMA EVP James S. Todd, M.D., expressed this concern, adding that reform will not succeed if doctors go from being patient advocates to simple allocators of services.

The speech, scheduled for broadcast through national Public Radio on 150 stations in 37 states, was the Association's first public address since President Clinton submitted his health system reform bill to Congress Oct. 27.

Applauding the Clintons for setting the stage for system reform, Dr. Todd turned comments toward Capitol Hill, saying the AMA will work hard to convince congress to approve a bill that does not compromise patient care or the trust of the physician-patient relationship.

"It's time to set the rhetoric aside and start looking at what we have to work with, and decide exactly what we don't need," Dr. Todd said. "The medical profession has definite views on how we think this process should unfold."

As the reform process turns to negotiations and compromise, Dr. Todd warned Congress that any plan calling for price controls, new layers of bureaucracy and overregulation will limit resources for patient care.

"Limits may be placed on the market forces that drive the kinds of vibrant competition we will need to sustain reform over a long period of time," he said.

Financing reform remains unclear, Dr. Todd said, adding any plan that relies heavily on Medicare and Medicaid cuts will threaten medical services for the poor and elderly "without providing the big bucks required to pay the bill."

He cited "the country's top economists," who warn that if anticipated savings fail to materialize, "it will trigger deep reductions in medical services and destroy the promise of reform."

To find a "common ground" on reform, Dr. Todd said "it is essential that the discussion be constructive and nonpartisan and that all players work together to move the country toward consensus."

*Ed. Note: As a cogent example, the Florida Health Security Plan will allow practice parameters to be used against physicians as evidence that the provider did not meet the prevailing standard of care. ♦

1994 LEGISLATIVE SESSION BEGINS FEBRUARY 8, 1994 AND ENDS APRIL 8, 1994. IT HAS BEEN SAID THAT NO ONE IS SAFE WHILE THEY ARE MAKING LAWS... BE SURE TO RESPOND TO OUR REQUEST FOR ASSISTANCE WHEN YOU ARE CALLED TO BARE TELEPHONE CALLS, TELEGRAMS AND PERSONAL CONTACTS.

PRESIDENT'S MESSAGE



STEVEN R. WEST, M.D.

"Trendy Words or Important Meanings"

This Christmas my son received a Christmas gift called a Word Master. My son Patrick suffers with an affliction which surely is autosomal dominant. He can't spell. Word Master is a hand-held calculator size device which allows my son to spell the word as he thinks it should be spelled. It tells him if it is correct. If it determines that there is no word with that spelling (300,000 words, Santa Claus brought him the cheap model. Some have over 600,000 words.) It lists seven possible words with similar spelling. I think this is fantastic. However, this little computer does more. It not only spells but it also defines the word up to seven definitions. Besides the dictionary function, it also has a thesaurus function providing my son with seven words with the same meaning. Unfortunately, he can't spell these either; but the Word Master can.

As you can tell, I was intrigued with this device. On Christmas Day I started spelling words. I put in all kinds of words. Up came the definition, and a few times it pointed out the fact that the spelling gene is autosomal dominant. It knew every word I tried. I felt like I could not beat this calculator; it obviously knew more words than I.

I then remembered reading that the word proactive was not in most dictionaries. It was too new. It was a new "trendy kind of word" used by business and management types and had recently infiltrated the health care profession.

It seemed like everybody I talked to and everything I read had this word, "proactive," in the text. Surely this new word would be in the Word Master, after all, 300,000 words to my mind is a large vocabulary.

I typed in the word. The spell checker replied on the LCD screen - prostitute, prostitutes, prostituted, practiced, perquisites, per-

continued on page 2

When finished with this issue . . .

Pass it on
to staff!

TO: _____ INITIALS: _____

LEE COUNTY MEDICAL
SOCIETY BULLETIN

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Phone (813) 936-1645

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

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The Editors welcome contributions from the members. Opinions expressed in the BULLETIN are those of the individual authors and do not necessarily reflect policies of the Society.

Presidents Message cont.

quisite, percussive and finally it came to the end of the list. There was no proactivity found. I then went to my Webster unabridged dictionary, my mother bought me this when I was 13 years old at Christmas in 1966. She signed the cover. You know this dictionary, the one that looks like the New York City phone book - too heavy to lift up; it needs its own pedestal table. I never used it much. How can you find a word you can't spell in this giant book. The word, I do not think, is in this dictionary either. Even though this dictionary has several hundred thousand words in it, I was unable to find proactivity.

What does this new word of our language mean? The meaning must be important. English has more words than any other language. Why make another word?

The word proactive or proactivity means more than reacting to your own environment. A proactive person recognizes that the person or the individual is responsible for their own lives. The behavior of a proactive person is a function of that individual's decision making process, not the condition the person finds himself in. The proactive person takes the initiative and the responsibility to make things happen. Proactive people do not blame the circumstances or conditions or the environment they find themselves in. Their behavior is a product of their own conscious choice based on their own values rather than a product of their conditions or environment based on feelings.

The proactive person does not choose to empower the conditions of their surroundings to control them. The weather in health care now is unpredictable and stormy. We can allow the environment to affect our attitude and our performance. Proactive people are not affected by the weather. Rain or shine, they are value driven. Our value as physicians is to produce and provide quality health care.

As physicians, we can react and complain about what is being done to our profession by the government, the insurance companies and the hospitals. I hope we will take the responsibility to organize ourselves in a variety of ways (the Florida Independent Practice Association and the Homeless Clinic are two such efforts) that are based on the values that medicine as a profession has cherished over the years.

Having said all this, does anyone know what perquisite means? ♦



Dr. Steven R. West, 1994 President, presents Dr. Phillip E. Andrews, 1993 President with a plaque and pen set to commemorate his year as our leader. ♦

EDWARD R. ANNIS, M.D. INSTALLS 1994 LCMS OFFICERS



For those of you who were unable to hear Dr. Annis, he has written a book called "CODEBLUE: Health Care in Crisis". You may purchase his book at the Shakespeare Beethoven Book Store. Our deepest appreciation to the owner, Rosemary Meza, who did a book signing at the meeting and for donating 10% of the proceeds to the Homeless Clinic. ♦

ROGER D. SCOTT, M.D.
FMA LIFE MEMBER



Dr. Steven R. West, President, LCMS presented Dr. Roger D. Scott a FMA Life Member Certificate for recognition of his thirty-five years with organized medicine at the January Meeting. ♦



THE
QUESTION
MAN

OPINIONS - EDITORIALS
LETTERS TO THE EDITOR
John W. Snead, M. D.

"HOW DO YOU FEEL ABOUT THE REPORTED DIVISION BETWEEN CERTAIN DOCTOR GROUPS AND THE AMA OVER ENDORSEMENT OF THE CLINTON'S HEALTH PLAN?"



"I think that it is very unfortunate that physicians have been unable to unite and work together for the benefit of the profession. The divisions have allowed non-professionals (politicians, etc.) to interfere with and compromise the practice of medicine as we all know it should be practiced. I suspect that our divisiveness is based more on personal concerns and self-interest than what we know to be in the best interest of our patients."

RICHARD LANE, M.D.



"They have not endorsed the Clinton plan, they have endorsed the idea of health care for everyone."

EDWARD R. ANNIS, M.D., PAST PRESIDENT OF THE AMA AND THE WORLD MEDICAL ASSOCIATION.

NEXT MONTH'S QUESTION:

"SHOULD HEALTH INSURANCE COVERAGE BE PROVIDED THROUGH EMPLOYERS OR THROUGH THE INDIVIDUAL?"

Send your comments to the Medical Society.

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

PHYSICIAN'S IN THE NEWS

We wish the following physicians, who have resigned from medical practice and the LCMS to pursue other interests, our heartfelt thank you for their services to the medical profession:

James A. Cornish, M.D.; Joseph P. Fiore, M.D.; and Rex E. Stubbs Sr., M.D.

Patrick M. Flaharty, M.D., co-authored chapter entitled *Congenital and Developmental Anomalies of the Orbit* in the 1993 revised edition of, *Duane's Clinical Ophthalmology*. This book is the major comprehensive reference text in ophthalmology.

J. Andrew Burnam, M.D., has published his second article entitled "Intravenous Fluorescein Vascularity Studies of a New Technique: The Subcutaneous Pedicled Extension Flap" in the December issue of *Archives of Otolaryngology*. ♦

THE BULLETIN DEADLINE
IS THE 15TH OF EACH
MONTH. PLEASE SEND
YOUR COMMENTS OR
ARTICLES TO THE
MEDICAL SOCIETY.

1994 CPT MANUAL

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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.

MARK ALLEN BIRNBAUM, M.D.

Dr. Birnbaum graduated from the University of Wisconsin Medical School in 1984. His internship was done in General Surgery at St. Joseph Mercy Hospital in Pontiac, Michigan; his residency was completed in Orthopaedic Surgery at McLaren General/MSU, Flint, Michigan. Dr. Birnbaum had a Fellowship in Pediatric Orthopaedic Surgery, Orlando Regional Medical Center, Orlando, Florida.

Dr. Birnbaum specializes in Pediatric Orthopaedic Surgery at the Nemours Children's Clinic, 9981 HealthPark Circle, Fort Myers. ♦



LAKSHMI A. KRISHNAN, M.D.

Dr. Krishnan was born in Madras, India and graduated from the University of Madras, Madras, India. Her Internship was done at Madras Medical College Hospital, Madras, India and Residency was completed at Trivandrum Medical College Hospital, Trivandrum, India. Dr. Krishnan also completed a Residency at St. Luke's Roosevelt Hospital, New York, New York. Dr. Krishnan has a solo practice in Pediatrics located at 2002 Del Prado Blvd., Suite 104, Cape Coral, Florida. ♦



BRIAN EDWARD LONGENDYKE, D.O.

Dr. Longendyke was born in Brooklyn, New York. He graduated from the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine, Stratford, New Jersey in May of '87. A rotating Internship and Residency in Internal Medicine were also at the University of Medicine and Dentistry of New Jersey. A Fellowship in Gastroenterology was done at Oakland General Hospital, Madison Heights, Michigan. Dr. Longendyke has been a member of the American Board of Osteopathic Internists since 1991. He is also a member of the AMA and AOA. Dr. Longendyke is practicing medicine at Gastroenterology Associates of Southwest Florida, 63 Barkley Circle, Suite #103, Fort Myers, Florida. ♦



1994 MAGIC KINGDOM CLUB MEMBERSHIP CARD

The Lee County Medical Society Office now has the new 1994 Magic Kingdom Club Membership Card available. Benefits include:

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DOCS WHO PROVIDE DME NEED SUPPLIER NUMBER
AND THEY MUST FILE WITH REGIONAL DMERC

Doctors are now considered durable medical equipment (DME) suppliers if they provide their patients with equipment, prosthetics, orthotics, or medical supplies. OB/Gyns who provide pessaries, orthopedists who give out slings, and ophthalmologists whose patients get post-cataract surgery glasses are now subject to Medicare's sweeping new rules for medical supply reimbursement. In many cases, Medicare's payment may not be more than half the wholesale cost of the item.

If they don't already have them, these doctors will each need a supplier number, which can be obtained from the National Supplier Clearinghouse (1-800-851-3682). And, they will have to send separate claims to two different places — the Medicare carrier for physician services and the DMERC (Durable Medical Equipment Regional Carrier) for equipment and supplies.

Just what does qualify as DME? HCFA says that, if the patient can carry it out of the office or obtain it from a local equipment supplier, it's durable medical equipment.

Here's the regional DMERC and the transition date when physicians are required to begin sending their DME claims to the new payer:

Region C March 1, 1994-FL ♦

FMA BULLETIN ON LEGISLATION

Agency for Health Care Administration (AHCA) Releases
Health Plan/Florida Health Security Plan

The Florida Health Security Plan, created by the Agency for Health Care Administration (AHCA) has been released. As directed in the Health & Insurance Reform Act of 1993, the Agency was to develop a plan for health care reform in Florida. To facilitate the development of this plan, the Agency created several workgroups and charged them with the duty of making recommendations on how health care reform should be delivered. The workgroups covered issues ranging from a basic benefits package to fraud and abuse. Each of the workgroups were made up of health care providers and consumers who were experts in their field of responsibility. The FMA had representatives on all workgroups and many specialty societies were also represented on various workgroups.

Although the FMA officers and Council on Legislation have not finished a detailed analysis of the plan, a staff review has been completed. While there are many problem areas in the plan, it is important to emphasize the many positive recommendations as well. These positive highlights include:

1. Repeal all existing benefit mandates and mandatory benefit offerings.
2. Reform the individual insurance market by promoting portability, guarantee issue, and limit preexisting condition provisions.
3. Provide access to affordable health care coverage to more of the uninsured.
4. Propose a fairly comprehensive basic benefit package.
5. Propose standardized claims forms.

There are certain key issues in which the FMA has serious concerns. The FMA will work with the legislature to address these and ask that you contact your legislators and let them know that while there are several good points in the plan, there are areas of concern that must be addressed. Emphasize to them the following:

1. Tort Reform is not included in the Agency's recommendations;
2. Antitrust relief for physicians to negotiate fees is not included;
3. Tobacco use and other lifestyle habits should be considered in community rating;
4. The need to not repeal the current physician supervision and protocol requirements for ARNPS;
5. The proposal that practice parameters be used against physicians as evidence that the provider did not meet the prevailing standard of care should not be adopted;
6. Patient choice of physician is not adequately addressed;
7. Provisions to allow qualified physicians to join AHPs are not in the plan, and there must be protections against provider "lock out". ♦

1994 DUES

The Medical Society sent out 1994 dues statements in November. Please help our budget by sending your remittance as soon as possible to the Medical Society Office. ♦

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**HEALTH CARE: COOPER'S COMPROMISE
MAY CARRY THE DAY**

By their public statements you'd think Bill Clinton and Representative Jim Cooper (D-Tenn.) were the bitterest of foes. The President regularly has blasted the health-reform plan promoted by the Tennesseean for failing to assure coverage for all Americans. Cooper responds by warning that Clinton's plan loads business down with job-killing mandates.

But behind the scenes, the Administration and Cooper are talking compromise—a sign the health-care debate is getting serious. More extreme variations, from the Canadian-style "single-payer" system favored by some liberals to the do-little approach favored by many Republican conservatives, are fading. Cooper and co-sponsor Representative Fred Grandy (R-Iowa) have taken out the bipartisan middle ground. And both the Clintonites and GOP leaders know that to prevail in the coming fight, they'll need many votes from Cooper-Grandy's centrist backers.

'IN THE WINGS' Like Clinton, Cooper and Grandy would rely on regional health alliances but they would allow many employers to opt out. Small businesses would be required to offer benefits to workers at group rates—but not to pay for them.

Only 57 House members are co-sponsors, but that understates the support of Cooper-Grandy. Many democrats are "in the wings, but they're reluctant to draw the Administration's attention at his point," says Representative Nancy Johnson (R-Conn.). Republicans also are waiting to climb aboard. But they're holding back "so Cooper-Grandy doesn't become Grandy-Cooper," says one insurance lobbyist.

The Administration's best hope to cut off the growing support for the moderate alternative may be to force fast action in the house. The White House wants a vote before Easter to "get a quick win and crush Cooper," says an aide to Senator John H. Chafee (R-R.I.), whose own proposal would make all individuals buy coverage. But that timetable may be unrealistic: the Administration is far short of the required 218 votes.

To pick up centrist votes, Clinton will have to moderate his plan. The more generous benefits added into the plan by Hillary Rodham Clinton will be jettisoned. And the burden on employers will have to be softened.

GOP leaders are also angling for the bloc of votes now favoring the Cooper-Grandy approach. Republicans are looking for ways to narrow the gap between the bipartisan bill and Chafee's do-it-yourself plan. GOP leaders and moderate Democrats are circling "like dogs in the park" says the insurance lobbyist. They have to work together, he says, "but they don't have much experience at it."

KEY CHOICES. These Republicans think oppositions to reform, the stance of such party luminaries as Richard Cheney, is a political loser. So House Minority Whip Newt Gingrich (Ga.) and other GOP leaders hope to assemble the kind of coalition that won passage of the North American Free Trade Agreement—a core of Democrats and a majority of Republicans. Such an alliance could help Gingrich in a race against Cheney for the 1996 GOP Presidential nomination.

Whether Gingrich can pull this off depends on whether Cooper and Grandy lean toward the GOP or Clinton. Their choice may determine whether the health battle will resemble the partisan tugfest of Clinton's budget or the bipartisan NAFTA fight. As the debate grows, says one co-sponsor, Representative Dave McCurdy (D-Okla.), the Cooper-Grandy forces may "take a suitor on the left or a suitor on the right." But either way, he adds, "Cooper may be the bride."

That means the law that emerges from Congress is likely to bear a strong resemblance to Cooper-Grandy — more activist than GOP plans, but far less radical than Clinton wants.

Reprint from Business Week ♦

By Stan Crock and Mike McNamne

**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATIONS****Consenting/Supervising of Tattooing**

It has come before the DPR that physicians, and dentists are being asked to sign a paper that will commit themselves to supervision of tattooist. It does not require the physical presence of the supervisor (physician/dentist) when the procedures are performed but does make them liable should the provisions of Chapter 61F6-29 of the Florida Statutes Section 877.04 be violated:

877.04 Tattooing prohibited; penalty

(1) It is unlawful for any person to tattoo the body of any human being; except that tattooing may be performed by a person licensed to practice medicine or dentistry under chapters 458 and 459 or chapter 466, or by a person under his direction.

(2) Any person who violates the provisions of this section shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. ♦

CONTINUING MEDICAL EDUCATION

Lee Memorial Hospital Aud., 1 credit hour in Category I - Every Thursday 12:30 p.m. - 1:30 p.m., Feb. 3, *Impacted Third Molars*, Christopher Hoek, D.D.S.; Feb. 10, *Pancreatitis*, John Petersen, D.O.; Feb. 17, *Infectious Disease in Emergency Medicine*, Paul Fortier, M.D.; Feb. 24, *Decubitus Care*, Dale Fell, M.D.

Dept. of Veterans Affairs Outpatient Clinic, CME Category I Credits - Phone 939-3939: Feb. 8-9, *Update in Hepatic Disease*, Harold Conn, M.D.; Feb. 15, *Parkinson's Disease*; March 15, *Herpes Zoster*; March 22, *Diabetic Peripheral Neuropathy*.

ALL PHYSICIANS ARE INVITED TO ATTEND ♦

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**FEBRUARY
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MEETING**

Royal Palm Yacht Club
February 21, 1994

Social Time: 6:30 p.m.
Dinner Time: 7:00 p.m.

SPEAKER:
ARTHUR L. EBERLY JR.,
M.D.
FMA PRESIDENT

TOPIC:
Update on Florida
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DINNER BY RESERVATION ONLY

CANCELLATIONS:
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