



# THE Bulletin

FEBRUARY 2013 Volume 90, Number 2

**Come to 2/7 Meeting on Massive Changes  
In the Medical Political Environment**

**Legislative Contact Information**

**Comments on the Elections**

**Throw SGR Over the Fiscal Cliff!**

**Commentary on Organ Donation**

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# THE Bulletin

Read by 96% of GCMS members.

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### Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

### Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

### PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

### THE BULLETIN

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# LET'S THROW THE SGR OFF THE FISCAL CLIFF!!

You are not surprised are you? Not surprised that, once again, Congress has failed to provide a permanent fix to the broken SGR, and at the last minute, averted a nearly 30% cut to Medicare physician payments and in some twisted way views the whole thing as a victory? Redundant, predictable and, yes, unfortunate. The \$25 billion SGR Patch will keep our Medicare patients safe (for the time being) and keep most doctors from shutting their doors to our nation's most vulnerable citizens (primarily those 65 and older). The problem is their "financial patch" (their idea of a solution) was simply taken off the backs of the hospitals, i.e., robbing Peter to pay Paul. Frankly, our hospitals cannot afford it. Can you imagine seeing a patient in your office once a year for 10 years and telling them each time, "I will fix your hypertension next year!" Yes, that's my analogy and I challenge anyone to disprove it! Our nation needs a permanent fix and the "kick the can down the road mentality" is counter-productive.

Now that I got that off my chest, I am on to a much more productive note. I was one of the nearly 200 attendees at the 2013 AMA State Legislative Strategy Conference in early January. I came away from the program feeling better about the current state of affairs surrounding health care in our nation than I did prior to attending. The two-day conference was outstanding, featuring prominent names from the AMA, the hospital industry, Capitol Hill, and state governments. I could go on and on about the content, but wanted to summarize a few key points which are pertinent to us all.

First and foremost the Affordable Care Act is in play. The law has passed. It has been affirmed by Federal Court and it is not going away. Therefore, instead of looking for ways to work around it, let's dig in and get involved to help shape it. Each state government will soon be mandated to declare their plans for 2014:



*Ray Rudoni, MD*

Expand Medicaid (most say Michigan is heading this way) or create insurance exchanges, either on their own, with the Feds or by the Feds. Whatever option the legislature should choose-Michigan physicians must be at the table.

Our physician colleagues and national leaders provided the take home message and theme for the entire conference during the opening lecture: "If we as doctors and health care professionals sit back and allow the government to create, implement and operate the future health care industry in our nation, they will do it. They will do it by adopting the one method which they

understand and one method which has worked in the past-cut payments to hospitals, cut payments to doctors, simply CUT CUT CUT." This they understand, this they can measure. And this they are good at.

We as professionals must understand that the pie IS NOT getting bigger. The answer in today's environment, which looks toward high quality care with outstanding outcomes at a reduced price, is not to stamp our feet and ask for increased reimbursement. The answer is to get involved at the local and state level. Sit at the table with politicians, insurance companies, business owners and those deciding the future of the business model of medicine which we all work in. At a local level we already do this via the Greater Flint Health Coalition. There will never be enough time away from the office, the family or hospital to attend more meetings, but the time must be found. We must be present. We must participate, and we must look out for the best interests of our patients and ourselves, because no one else will. It is imperative we help craft the system which is developing right now.

The AMA and our colleagues from MSMS continue to provide guidance and advice as to how you and I can accomplish these goals and in my opinion there is no better time to be a member of your county, state and national societies. They have the staff, knowledge, experience and confidence we will all need these next few years and I

suggest we all take advantage of what they have to offer.

The AMA Advocacy Resource Center did a nice job laying out their 2013 Legislative and Regulatory Priorities which include but are not limited to such items as: States implementation of the ACA, Medicaid Expansion, Insurance Exchanges, Medical Liability, and scope of practice related issues. All focused on ways to ensure physicians are prepared for the challenges awaiting us within the next few years.

In closing, I had a great opportunity a few days after returning from the conference to travel to Lansing for the annual MHA sponsored "Meet the New Legislature" luncheon. Needless to say, it was a great afternoon. I met many of our state leaders and listened closely as they explained the challenges they face as well. One thing was clear from nearly every Representative or Senator with whom I spoke: they need us to be at the table, they need our knowledge, our expertise and insight. Without it, the final product may be or shall I say will be one which you and I (and our patients) will most likely not embrace. Time to get our hands dirty and do our part to ensure the practice of medicine remains the greatest profession on the planet.

Happy New Year.

## 2012 AMA FOUNDATION CONTRIBUTORS

Dr. & Mrs. Mehmet Agabigum

Dr. & Mrs. Peter Almeida

Dr. & Mrs. Omar Bakr

Dr. & Mrs. Bill Boike

Dr. & Mrs. Zouheir Fares

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*Through the fundraising efforts of Genesee County Medical Society Alliance members like you and your spouses, the AMA Foundation provides support to medical students and improves the health of our communities through public health programs.*

Your generous gift is greatly appreciated.

*Thank you, Kee Ja Kang*

# A MODERN DILEMMA IN NEED OF SOLUTIONS

*Profits in trade can be made only by another's loss.*

– Publius Syrus (85 - 43 B.C.E.)

In the 1978 medical thriller movie “Coma,” based on the Robin Cook novel of the same name, patients entering a hospital for routine elective surgery were mysteriously ending up alive but brain dead so that the evildoers could harvest their parts for the illegal organ trade. The film was an entertaining fantasy but, unfortunately, illicit trafficking in human organs is a harsh and lucrative reality. In the 1970s, advances in anti-rejection drugs along with improving surgical technology turned organ transplantations into successful and fairly routine procedures. In 2008, the average wait for a donated kidney in the United States was about three years. High demand for a scarce resource creates fertile soil for growth of a black market in the desired commodity. Human organs are no exception.

The most frequently sought organ for transplant is the kidney, accounting for about 75% of all illegal trade in human organs. The price of a kidney can range from \$1,300 to \$150,000. Liver tissue is also frequently harvested and traded. Although the liver is regenerative in the donor, the excruciatingly painful recovery period tends to discourage donations for profit. Other less commonly sold but high-priced body parts include corneas and unfertilized ova. Blood, skin, and bones are lower-priced targets of the illegal organ traders. There is a high demand, and correspondingly higher price, for vital organs such as heart and lungs. However, transplantation of these organs requires much more sophisticated medical facilities and expertise and, therefore, trafficking in these organs is quite rare.

Poverty stricken people in developing countries are the primary target of the illicit organ trader. Generally, unemployed males between 20 and 40 years of age seeking work or attempting to pay off debt are often taken out of their home country for the harvesting operation. Those profiting from black market organs justify their actions by claiming that they are helping to lift desperate people out of poverty. But donors are often worse off after their organ is taken and are frequently paid far less than promised.



*Daniel Ryan, MD*

Substandard conditions at the time of harvesting can lead to diseases such as Hepatitis B and C and HIV/AIDS or even death. Often, donors receive little or no post-operative care or medications. Subsequent poor physical health can be exacerbated by depression and other mental illnesses. They may be unable to return to any type of gainful because of chronic health problems created by their gift.

In 2008, the Declaration of Istanbul was drafted by the international transplant community and aims to promote ethical practices in organ harvesting and transplantation throughout the world. After release of the declaration, countries that were hot beds of human organ trafficking

such as China, India, Pakistan, and the Philippines have strengthened their laws against this scourge. Proponents of implementation of a regulated market system of organ procurement, donation, and transplantation claim that there is not a shortage of needed organs but an excess of wasted organs. Critics of a legal free market counter that this would only increase the already high prices and, therefore, only wealthy individuals would be able to afford these organs.

Already a reality in many countries is a system of presumed consent for post-mortem donation of tissue and organs. In the United States and France, for example, there is a voluntary opt-in program where a person can document on their driver's license that they wish to donate their organs and tissue. Some countries have an opt-out policy whereby everyone is presumed to be an organ donor and must document that they do not wish to do so. There is a 25 -30% per capita increase in available organs in countries with an opt-out versus those with an opt-in policy.

The debate on the ethics and morality of the human organ trade will continue to rage. Personal and religious beliefs, cultural mores, and economic considerations all are factors. The demand for human organs and tissues will only increase with time. Meeting that need may require changes in our current thinking about this important medical issue.

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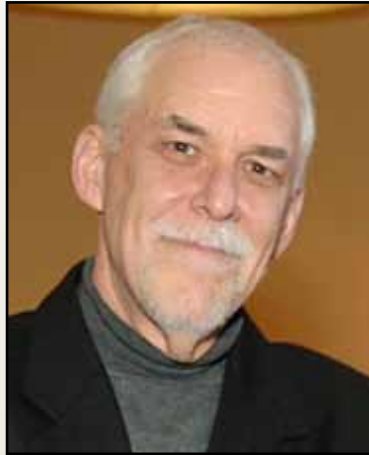
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# FISCAL CLIFF AVERTED, 1/542

The Fiscal Cliff has been averted! Actually, it has just been put off for a brief period. The overall physician payment level will remain stable for the next year (although there are several selected specialties which will see big hits). At the same time, the cost of everything else is going up. It is interesting watching the developments in Washington around health reform. Clearly the dearth of primary care physicians is going to be worse than expected. Many physicians are exquisitely frustrated with the developing process. While it is clear that reforms will grind forward, we hope the process will be rational, fair, will consider the needs of patients, and that Congress not make decisions which will deleteriously impact access and quality while exclusively focusing on cost.

There is a lot that we can do locally in an effort to rationalize the process in this region, and we will continue to focus on just that. One of the most important things that we can do is focus on quality while attempting to manage the administrative chaos occurring in practices. Nobody looks more haggard, as a population, than practice managers. Uncertainty is painful and practice managers are facing more of this than we realize. It is even more stressful because they are dealing with other people's money for which they feel responsible. GCMS holds meetings for these folks on the 4th Thursday of each month from 8-10 a.m. at our offices. Very few attend, but it is a great opportunity for them to cross germinate and learn from each other. Please let us know if your practice manager can begin attending our sessions.

On a completely separate line of thought, an article in the Flint Journal M-LIVE, dated 1/3/13 just screams for attention. We all know that violence is a major cause of morbidity and mortality in this community.



*Peter Levine, MPH*

Flint's reputation for violence is national. Oddly, it is a reputation which, in many ways, causes most of us no inconvenience and effects us very little. If you look, however at the raw numbers that the Flint Journal published, and think of them from an epidemiological standpoint, they are stunning. According to the article, in 2012 "the city tied its all time high" for homicides in a year. In the past three years, Flint had 189 homicides. This translates into more homicides since 2010 than Flint soldiers who died in World War One. In the Vietnam War 194 Flint residents died, which is only five more than were killed in the last three years in Flint. Even more stunning is the fact that one in every 542 residents of Flint has been killed in the past three years. That is very close to 1/2 of a percent of the population whose cause of mortality is homicide.

There is no question that this has a profound effect on people's development, their expectations for the future and their perceptions of the present. This is a major health problem which certainly impacts our demographics, our mortality and morbidity rates, utilization and cost patterns, our acuity rates, and undoubtedly our mental health as a community. It has taken years for the health related community to come together to work hard on health care related issues which benefit the community as a whole making it a safer, more positive and attractive community. We have, in fact moved it from near the bottom for many health care related indicators to near the top.

I hope that those entities which can impact violence can do the same. But it is such a different problem. One of the wonderful things about Genesee County is that there is a lot to be excited about. One of the most exciting things is the incredible potential for positive change here. Violence is just one more area on which to seek that change.



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## GREETINGS FROM YOUR DISTRICT DIRECTORS!

It's a new year with new opportunities and challenges. You have already heard about how the MSMS, with your support, has succeeded in maintaining the Justices on The Michigan Supreme Court who will keep our malpractice climate favorable to physicians.

Recently, we were pleasantly surprised to have that viewpoint on the court strengthened. This time however it was by pure chance. This change relates to the resignation of Justice Hathaway due to her legal turmoil related to accusations of bank fraud. It reminds me of the quote I have heard attributed to Louis Pasteur, "Chance favors the prepared mind."

We organized, supported, and ultimately successfully elected our choices for Justice and by chance, we got a bonus!

Continuing on the malpractice theme, here is an update on the recent tort reform bills that went through our legislature:

Senate Bill 1115 helped our cause by including some items in the non-economic damages cap that were not there previously. It also makes it more difficult to circumvent these caps in



**S. Bobby Mukkamala, MD**  
*District VI Director*

calculating the awards.

Senate Bill 1118 shores up the prior requirement for an affidavit of meritorious defense. It also calculates interest on awards in a way that eliminates prejudgment interest on attorneys' fees. It also eliminates a loophole in the statute of limitations that was being exploited in wrongful death claims.

So even though we did not get the grand slam which would have been all the above and the change in the threshold of med malpractice claims to mirror the threshold that attorneys enjoy in their own legal malpractice claims, it was still a great set of victories for our cause.

So it's a new year that will bring new opportunities and obstacles to our practices. Together with MSMS and our membership, I am confident that we will continue to prevail.

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- \$35 registration after 4/25/13 and on 'day of' race
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## [www.flintchallenge.org/Registration](http://www.flintchallenge.org/Registration)

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### Contact Information:

Luda Khait — Race Chair  
flintstonechallenge@gmail.com  
Phone: (810) 447-0212

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# Genesee County Medical Society General Membership Meeting

## Thursday, February 7, 2013



A Town Hall Meeting on

## Massive Changes in the Medical Political Environment:

### Tort Reform, Restructuring the Blues, Scope of Practice, The Affordable Care Act and More

Our faculty for this fascinating session will be Colin Ford, Senior Director, State and Federal Government Relations of the Michigan State Medical Society.

Mr. Ford is in charge of State Legislation, Federal Legislation, State Political Issues, Federal Political Issues, Medicaid Regulations, Licensure Issues, and Public Health Issues.

The recently passed election has many consequences resulting in power shifts, and some new names and faces came onto the scene. This will be an opportunity to hear firsthand about the power shifts and the actions which resulted during the lame duck session and since. The exciting tort reforms, the supreme court election outcomes, the beating back of scope of practice expansion legislation, the reorganization of the Blues, the implementation of the Affordable Care Act, and pending legislation in the new legislative session will all be covered. All of these things will impact the future of medicine and the medical family. Do not miss this tremendous opportunity. Feel free to bring members of your family and staff.

All physicians, spouses, and family members of GCMS and GCMSA and interested other professionals are invited.

\$35.00 GCMS Members, Spouses and their Practice Managers

\$25.00 Residents and Students

\$55.00 Non-Members and Non-Member Practice Managers

### RESERVATIONS REQUIRED BY FEBRUARY 4, 2013

#### FLINT GOLF CLUB

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6 p.m. Registration and Social Hour

6:30 p.m. Dinner - 7 p.m. Meeting - 7:15 p.m. Presentations

Please mail check with reservations to:

Genesee County Medical Society

4438 Oak Bridge Dr., Ste. B

Flint, MI 48532

*Call or email Becky at (810) 733-9923 or [bdoty@gcms.org](mailto:bdoty@gcms.org) for more information.*

# 2012-13 STATE AND FEDERAL ELECTED OFFICIALS FROM GENESEE COUNTY

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**GENERAL NUMBER: (517) 373-0135**

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### **50th District – Charles Smiley – D**

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### **51st District – Joseph Graves – R**

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## **STATE SENATORS**

### **26th District – David Robertson – R**

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### **27th District – John Gleason – D**

(517) 373-0142  
315 Farnum Building  
P.O. Box 30036, Lansing, MI 48909-7536  
FAX: (517) 373-3938  
SenJGleason@senate.michigan.gov

## **GOVERNOR AND LT. GOVERNOR**

### **Governor Rick Snyder – R**

(517) 373-3400  
(517) 335-7858 (Constituent Services)  
P.O. Box 30013, Lansing, MI 48909  
FAX: (517) 335-6867

### **Lt. Governor Brian Calley – R**

(517) 241-3956  
P.O. Box 30013, Lansing, MI 48909  
FAX: (517) 241-3956

## **U.S. REPRESENTATIVES**

### **5th Congressional District of Michigan – Congressman Daniel Kildee – D**

(202) 225-3611  
327 Cannon House Office Building  
Washington, DC 20515-4320  
FAX: (202) 225-6393  
Flint Office:  
810-238-8627  
801 S. Saginaw Street, Plaza Level  
Flint, MI 48502

## **U.S. SENATORS**

### **Senator Carl Levin – D**

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269 Russell Office Building  
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515 N. Washington Avenue, Suite 402  
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### **Senator Debbie Stabenow – D**

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(810) 720-4172  
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# Genesee County Medical Society Board Meeting

November 27, 2012 - MINUTES

## **I. Call to Order:**

The meeting was called to order at 6:00 p.m. by Laura Carravallah, MD, President who announced that she would begin chairing the meeting and hand the gavel to Dr. Ray Rudoni to begin his presidency at the midway point of the meeting.

## **II. Introduction of Guests:**

Dr. Carravallah introduced Nick Bendall who has been hired to coordinate outreach for the Commit to Fit! program in physicians' offices. She asked everyone to welcome him, should he make contact requesting an opportunity to meet with Board members and staff.

## **III. Review of Minutes:**

**Motion:** That the Board of Directors meeting minutes of October 23, 2012 be approved as presented. The Motion Carried.

## **IV. Reports:**

### *A) Alliance Report:*

Oya Agabigum, President of the GCMS Alliance, thanked Dr. Carravallah for her leadership and congratulated Dr. Rudoni on his assumption of the presidency. She noted that the mission statement of the Alliance has been revised to reflect MSMS's new approach to the Michigan State Medical Society Alliance. She noted that 2,032 books have been distributed for the "Reach Out and Read" program. She noted that all of her committees are meeting and working hard. She invited everyone to the Ball.

### *B) Finance Committee Report:*

**Motion:** That the Year Budget to Actual Report for the period ending October 31, 2012 be approved as presented. The Motion Carried.

### 2. Finance Committee Report

Dr. John Waters reported that this has been a "nip and tuck" financial year. He noted that, through careful management and leadership, the Society has come through the 2011-12 fiscal year "in the black". He also reported that it has been determined that financially the Society can move forward on renting the East wing of the building and will begin the process of identifying a renter.

### *C) Legislative Liaison Committee Report:*

Dr. Cathy Blight reported that the Supreme Court race was successful. She described the election outcomes at various levels and noted that the MSMS tort reform packages will be coming up during the lame duck session along with physical therapy, scope of practice and other legislation. It will be a very busy period.

### *D) Community & Environmental Health Committee Report:*

Clean Air Act resolution for American Lung Association.

**Motion:** That no action be taken on the Clean Air Act resolution for the American Lung Association, and that it be revisited during the January Board of Directors meeting. The Motion Carried.

### *E) Membership Committee Report:*

Dr. S. Bobby Mukkamala reported that the Membership is concentrating on several practices and on the residents which we have lost from Genesys. The focus remains on trying to get the Residents back. Board members were encouraged to contact Genesys regarding Residents.



*F) Greater Flint Health Coalition Update:*

Dr. John Waters and Lawrence Reynolds and Mr. Peter Levine reviewed several projects. It was noted that a quality and innovation project is beginning. Dr. Rudoni will serve as the GCMS representative on that task force. It was noted that all of Genesee County's health status numbers have fallen to even worse than they were before, at a negative rate of 6-8% in each category in only one year. He noted that Commit to Fit! and group medical appointments are a major focus and both will be positive activities for ACOs, primary care physicians and Pos. It was noted that Dr. Paul Lazar and Dr. Andrew Duda will be taking over the Shared Medical Appointment activities. It was also reported that an entire day of shared medical appointment seminars was held on November 1, jointly sponsored by the Medical Society and the Greater Flint Health Coalition with over 100 physicians trained.

*G) President's Report:*

Staffing Issues

Dr. Carravallah reported that Becky Doty is ill. Pete Levine has brought in Stephane Irwin of MedWrite Transcription Service to help temporarily.

**Motion:** That Becky Doty be sent "get well" wishes by the Board. The Motion Carried.

4. Board of Health Issues

Dr. Carravallah suggested the possibility of developing a resolution to ban cigarette smoking in local parks. She also noted that she and Dr. Rudoni have discussed the idea of allocating one page per month to the Genesee County Health Department for relevant articles in *The Bulletin*.

5. Facebook

Dr. Carravallah noted that she would offer to continue to support the GCMS Facebook page.

Consensus: That the Facebook link be placed on each page of *The Bulletin* along with the GCMS website.

Dr. Carravallah thanked the Board members for their great service during her presidential year. She expressed appreciation for their personal and professional commitment to the community. Dr. Cathy Blight thanked Dr. Carravallah for her work. She noted that Dr. Carravallah brought the Genesee County Medical Society through a lot during a complex year.

Dr. Carravallah handed Dr. Rudoni his gavel and turned the meeting over to him.

*H) District VI Directors Report:*

Drs. S. Bobby Mukkamala and John Waters reported that the MSMS Board had met and implemented a strategic plan.

*I) AMA Update:*

Dr. Cathy Blight reported on the AMA interim House of Delegates. She reviewed the AMA's actions. Dr. Blight noted that Dr. AppaRao Mukkamala is retiring from the AMA delegation.

**V. New Business:**

Dr. Rudoni thanked the Board for their confidence in him and thanked Pete Levine for getting him involved in the Society several years ago.

**VI. Next Meeting:**

The next meeting of the Genesee County Medical Society Board of Directors will take place on January 22, 2013 at 6:00 p.m.

**VII. Adjournment:**

No further business appearing. The meeting was adjourned at 7:30 p.m.

Submitted by,  
Jagdish Shah, MD, Secretary

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The Doctors Company is devoted to helping doctors avoid potential lawsuits. For us, this starts with patient safety. In fact, we have the largest Department of Patient Safety/Risk Management of any medical malpractice insurer. And, local physician advisory boards across the country. Why do we go this far? Because sometimes the best way to look out for the doctor is to start with the patient. The Michigan State Medical Society exclusively endorses our medical malpractice insurance program, and we are a preferred partner of the Michigan Osteopathic Association. To learn more about our program benefits, call our East Lansing office at (800) 748-0465 or visit [www.thedoctors.com](http://www.thedoctors.com).



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## PHYSICIANS NEEDED AT THE EMERGENCY MEDICAL CENTER OF FLINT

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*Full time may be an opportunity as well.*

Must be willing to do minor stitches, infants & children, splinting,  
and minor eye & ear procedures.

This is a classic urgent care, much like family practice.

Hours of operation:

12-9 pm, 7 days a week, closed on major holidays

Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503.

**Contact Joyce Ashe at 810-2322710 or Pete Levine at 810-7339925.**

## YOUR \$\$\$ AT WORK

- S** GCMS President and Staff attended MSMS Board meeting with the three members of the MSMS Board who are GCMS members
- S** GCMS Leaders attended AMA Interim House of Delegates
- S** GCMS staff met with practice managers for several practices to identify solutions to issues of import to their practices
- S** GCMS aided several members on decisions regarding transitions in practice
- S** GCMS leadership interfaced with key media persons on issues of community need
- S** GCMS staff provided information on GCMS activities and public positions to several local organizations
- S** GCMS hosted practice managers meeting with McLaren PHO, 2nd in a series on PHOs and POs.
- S** GCMS members and staff continued to attend Health Coalition meetings on myriad issues of import to members and their patients

## GCMS MEETINGS

– FEBRUARY 2013 –

**2/4 – 8 a.m. Legislative Liaison Committee @ GCMS**

**2/6 – 7:30 a.m. Bulletin Committee @ GCMS**

**2/7 – 6 p.m. General Membership/Dinner Business Meeting @ Flint Golf Club**

**2/18 – 12 noon Membership Committee @ GCMS**

**2/26 – 5:15 p.m. Finance Committee @ GCMS**

**2/26 – 6 p.m. GCMS Board of Directors @ GCMS**

**2/27 – 12:30 p.m. Community & Environmental  
Health Committee @ GCMS**

**2/28 – 8 a.m. Practice Managers @ GCMS**

## HAPPY BIRTHDAY DOCTOR

FEBRUARY

Kiran Kinra	2	Sunil Nagpal	12	Jonathan Arbogast	22
Kumbha Bhakta	3	Sharon Dowd	14	Daniel Bernstein	22
Mark Weiss	3	Cynthia Corpron	14	Steven Boskovich	22
Murugusundaram		Jami Foreback	15	Donald Canada	22
Veeramani	4	Rajeevi Pandyan	15	George Tumaneng	22
John Damm	4	Frederick Armenti	16	Ali Esfahani	24
Shavell Karel	4	Edward Gomez-Seoane	16	Laura Ann Carravallah	24
Evelyn Alunit	5	Rabbi Salimi	16	Nanci Mercer	24
Gregory Fortin	5	Nelson Schafer	16	Kurk Kralovich	26
Ahmed Akl	5	Amy Yanmin Wu	17	Pino Colone	26
Bradford Murphy	6	Shawn Wiggins	18	Naresh Kinra	27
Mohamad El Mortada	8	Raymond Rudoni	19	Samuel Richard	
Avery Jackson, III	9	Atheer Alrawi	20	DeNardo	27
Craig Copeland	10	Charles Safley	20	Thomas Wright	27
Frederick Lim	12	Dianne Trudell	20	Marvin Latchana	28
Jay Holmes	12	Richard Hennig, Jr.	21	Wilfredo Rivera	28
Ramesh Misra	12	David Wiese	21		

### GCMS MEMBERS

If you are interested in having access to the "Members Only" section on the GCMS.org website please call or email your password to Becky Doty at [bdoty@gcms.org](mailto:bdoty@gcms.org) or 810-733-9923. Thank you.

**If you or someone you know would like to advertise in *The Bulletin* please contact Becky Doty at [bdoty@gcms.org](mailto:bdoty@gcms.org) or (810) 733-9923.**



### CLASSIFIEDS

#### OFFICE SPACE AVAILABLE

Small office located by front door of Genesee County Medical Society suite. Great exposure for businesses seeking visibility with physicians. Conference room availability possible. Office size 100 sq. ft. at \$12 per sq. ft. triple-net. Additional office space available. Contact Pete Levine at (810) 733-9925 for details.

#### PHYSICIANS NEEDED

at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. Contact Pete Levine at 810-733-9925.

#### OFFICE SPACE AVAILABLE

Park Plaza (1071 N. Ballenger Hwy) office space available for rent or lease. Approximately 1,200 square feet which could accommodate two physicians. Near Hurley and McLaren. Contact 810-239-8051.



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 120 W. Saginaw, Lansing, MI 48823  
 msms@msms.org • www.msms.org  
 517-336-5762

**State and County Medical Society**  
**Membership Application**

**GENESEE COUNTY MEDICAL SOCIETY**  
 4438 Oak Bridge Dr., Suite B  
 Flint, MI 48532  
 810-733-9923



**Please PRINT or TYPE**

FULL NAME \_\_\_\_\_ MD or DO (Circle One)  
Last First Middle Initial

HOME ADDRESS, CITY & ZIP \_\_\_\_\_  
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP \_\_\_\_\_  
Area Code & Telephone Number

PRACTICE NAME \_\_\_\_\_  
Office Fax Number

EMAIL ADDRESS \_\_\_\_\_ For mailing, please use (check one):  Office address  Home address

**BIOGRAPHICAL DATA** Sex:  Male  Female Birth Place \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year

Maiden Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Languages Spoken \_\_\_\_\_

Government Service (check one):  Military  National Health Service Beginning Date \_\_\_\_\_ Completion Date \_\_\_\_\_

**EDUCATION (please complete or attach CV)**

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE
_____	_____	_____
_____	_____	_____

License: MI # \_\_\_\_\_ Date Issued \_\_\_\_\_ ECFMG # \_\_\_\_\_

License held in other states/countries (list states or countries) \_\_\_\_\_

**PROFESSIONAL DATA**

Present Type of Practice (check appropriately):

OFFICE BASED:  Solo  Hospital Based  Teaching  Research  Government  
 Group Practice Name \_\_\_\_\_  Other (specify) \_\_\_\_\_

Specialty(ies) \_\_\_\_\_

Board Certifications (list specialties & dates) \_\_\_\_\_

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Present Hospital Appointments (list dates) \_\_\_\_\_

Practice History \_\_\_\_\_

Previous Medical Society Membership (list dates) \_\_\_\_\_

Specialty Society Memberships \_\_\_\_\_

Within the last five years, have you been convicted of a felony crime?..... Yes  No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?..... Yes  No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?..... Yes  No If YES, please provide full information.

I agree to support the GENESEE COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WHEN COMPLETED, please mail to MSMS or Genesee County Medical Society, or FAX to 517-336-5797. THANK YOU!



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