

THE BULLETIN

DECEMBER 2022 VOLUME 99, NUMBER 12



Medicare Plus Blue/BCN Advantage – The Landmark Program For In-Home Care

How Michigan's Prior-Authorization Reform Law Was Passed

GENESEE COUNTY MEDICAL SOCIETY

Organized Medicine's Leading Edge

THE BULLETIN is published monthly by:
The Genesee County Medical Society

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DECMEBER 2022 VOLUME 99, NUMBER 12

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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President's Message

The closing of the year and the holiday season is upon us! We have shifted a position from where our medical system was overwhelmed by the COVID-19 pandemic, to where we have developed sufficient immunity and therapeutic options to live with the continuing mutations of this coronavirus. I am grateful to the outstanding work provided for us from our scientific and medical communities. In Genesee County, it is an honor to work with an outstanding group of physicians. It is an honor and privilege to serve as president of this esteemed society which has been in existence for 181 years. In the coming year I hope to continue to represent your concerns and provide the kind of support that only a community of physicians can provide.

In order to be a strong organization, we hope to be a more diverse and inclusive organization. Part of this will require Intensification of our efforts at increasing our membership and increasing our outreach to our fellow physicians. We have a number of issues which we should lend our voice to. As the number of nonphysician clinicians have increased, there is increasingly a blurring of the lines on what the role of the physician versus nonphysician is. We deeply believe the quality of care will be enhanced with physician oversight of nonphysician practitioners. Periodically we see efforts to increase the scope of practice and decrease oversight by non—physician clinicians. Our engagement in this arena is essential if we are to keep our position and obligations to ensure that quality of care does not diminish. There have been cases of physician positions being lost to non-physician providers. Many non-physician providers have less training and therefore may have less ability to make critical decisions in complex cases. If we do not stand together for this cause, we will likely see profit taking the place of quality.

The pandemic has provided innovations in healthcare such as telemedicine that we would like to keep. It also exposed the negative effects fostered by isolation, leading to depression, inactivity and deterioration of health. It may have enhanced physician burnout. We must ensure that we raise our voice to keep the positive aspects such as telemedicine in place, and work on some of the negative aspects that have been highlighted such as improved access and payment for mental health.

As an organization that serves a community of physicians, we provide services that enhance value. As part of this endeavor, we recently conducted an implicit bias training webinar at no charge to the membership. Genesee County medical Society with our sister organization, Michigan state medical Society, will work to offer programs to meet licensure requirements. Every three years we require 150 hours of CME, 2 hours of implicit bias training, 3 hours in the area of pain and symptom management (1 hour must include controlled substances), 1 hour in medical ethics. Our society will work to ensure that options are available to help complete these training requirements. We are obligated to provide language and interpretation services such as sign language for the hearing impaired. To this end, the society as recently worked with Luna language services to provide a discount for virtual language interpretation services.

We hope in the coming year to provide opportunities for vibrant discussions and opportunities to make our collective voice is heard. We are most effective when we can work together. I would encourage you to attend our meetings and make your voices heard. Please make time for to meet and engage with our colleagues and law makers. We had been muffled by the pandemic. However, that time has passed. Please join me in charting a course for the benefit of all. I look forward with working with you and for you in the coming year.

Thank you,

Paul G. Kocheril MD

GCMS President



Legislative Liaison

January 6, 2022
8:00 a.m.
*via Zoom

Practice Managers

January 12, 2022
9:00 a.m.
*via Zoom

Medical Society Foundation

January 18, 2022
6:00 p.m.
*via Zoom

Board of Directors

****December– Recessed**
January 24, 2022
6:00 p.m.

Announcement

GCMS members now entitled
to a 15% discount on automobile
and homeowners insurance.

For details, contact:

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EXECUTIVE DIRECTOR'S MESSAGE

Dear Members,

The Genesee County Medical Society would like to wish all of its members and family, a safe and joyous holiday season. Thank you for the support you have given GCMS in 2022, an organization that has been in existence since 1841.

The following are a few highlights of 2022, the Medical Society supporting the physicians in Genesee County:

1. Dr. Venkat Rao chairs a quarterly GCMS Legislative Liaison Meeting addressing medical legislation with local politicians.
2. The monthly Office Managers Meeting addressed key issues with the insurance reimbursement providers. Many issues were resolved as a direct result from these meetings. All physician members should have a member of their office attend.
3. GCMS offered the state mandate Implicit Bias Training webinar at no charge to the membership. GCMS is the only Medical Society in the state to offer this type of webinar to its members.
4. Genesee County Medical Society has obtained a discount for members in need of virtual language interpretation services. This program will be rolled out at the December Office Managers meeting.

The Genesee County Medical Society is consistently looking for new and innovative programs to add value to each membership.

This is the time of year that membership renewal is required.

Please consider renewing your GCMS membership today.

New members are also welcome!

Assistance with membership renewal can be obtained through Heather Foster of MSMS at 517-336-5719 or hlfoster@msms.org or executivedirector@gcms.org

Thank you for your continued support of the Genesee County Medical Society.

David Hoff MA, CCP – Executive Director

DAVID HOFF, MA, CCP



NEW BENEFIT
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or to receive details about
this discounted service

Please contact :

ExecutiveDirector@GCMS.org



Medicare Plus Blue/BCN Advantage – The Landmark Program for In-Home Care

On January 1, 2023, all Medicare Plus BlueSM and BCN AdvantageSM members who have multiple chronic conditions and reside in Michigan's Lower Peninsula will be eligible for Blue Cross Blue Shield of Michigan and Blue Care Network's high-intensity in-home care program. This program uses the services of [Landmark Health L.L.C.](#), an independent company that provides Blue Cross and BCN with in-home care services.

The Landmark program

Using a physician-led, interdisciplinary team, the Landmark program complements office-based primary care by:

- Collaborating and coordinating with each patient's primary care provider, using the primary care provider's preferred method of communication
- Supporting frail, elderly patients who want to manage their conditions through in-home care
- Meeting patients in the comfort of their homes
- Delivering geriatric care, including medical, behavioral, urgent care, medication management and 24/7 nurse triage



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ATTENTION!



9:00 A.M.
Via Zoom

**ATTENTION: PRACTICE MANAGERS
AND OFFICE STAFF!**

**Genesee County Medical Society addresses issues of concern
for medical professionals!**

Please join GCMS and SOVITA in monthly meetings for
practice managers and office staff of *all member physicians*.

Please email executivedirector@gcms.org to RSVP,

YOU WILL RECEIVE A ZOOM INVITE

NEXT MEETING DATE:

January 12, 2022 9:00 A.M.

***You do not want your Practice Manager to miss out
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Legislative Platform & Priorities



MICHIGAN STATE MEDICAL SOCIETY



MICHIGAN STATE MEDICAL SOCIETY

120 West Saginaw Street, East Lansing, Michigan 48823
P: 517 / 337.1351 » E: msms@msms.org

MSMS Legislative Platform & Priorities



MSMS Legislative Priorities

Key priorities of the Michigan State Medical Society (MSMS) and its 15,000 physician and medical student members are as follows:

COVID-19

The COVID-19 pandemic has taken a devastating toll on the physical and mental health of Michigan citizens, as well as the economic health of our state. Additionally, many of Michigan's medical practices are trying to regroup from financial and staffing losses and increased costs to comply with regulatory mandates. By using scientific data to help inform decision-making, MSMS is committed to working collaboratively with stakeholders to end the COVID-19 pandemic, safely re-engage all economic sectors, provide efficient and equitable vaccine distribution, and ensure practice sustainability.

Prior Authorization and Step Therapy Reform

The prior authorization process diverts valuable resources away from direct patient care, can delay the start or continuation of necessary treatment, and can negatively impact patient health outcomes. Step therapy, also known as fail first, is another practice that disrupts patient care by requiring patients to try other therapies before being approved for the treatment that their doctor originally prescribed. MSMS will work closely with the Legislature, regulators, and other stakeholders on ways to reform prior authorization and step therapy processes to ensure transparency, remove unnecessary and costly care delays, and support shared decision-making.

Team-based Care

Patients are best served by a team-based approach to care that provides the maximum amount of choice while ensuring that they benefit from the additional training and expertise that comes from having a physician on the team. A highly functioning health care team is the best way to serve patients. MSMS will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals scope of practice that may put patients at risk.

Telemedicine

Telemedicine has proven to be an effective care delivery method that ensures convenient and timely access to patients. Before the outbreak of COVID-19, insurers covered telemedicine visits to varying extents; however, there were often obstacles such as low reimbursement and restrictions on site of care. Although payers removed some of the regulatory and administrative barriers during the pandemic, these policies are now reverting to pre-pandemic times. Moving forward, payment and service parity for the use of clinically appropriate telemedicine services is critical.

Health Equity

Several events in 2020 brought to the forefront the need to prioritize advocacy addressing systemic policies and other contributing factors that deny historically marginalized groups equal and just opportunities to maximize quality of life and health outcomes. In order to improve the health of all populations, MSMS will work to advance policies that reduce disparities and improve health equity.

Graduate Medical Education (GME)

Studies repeatedly demonstrate that one of the best ways to recruit and retain physicians is via local medical schools and residency programs. GME helps fill the gap in underserved areas by providing extremely low-cost care to those most in need. Michigan has been a leader in expanding medical school class sizes to address the projected demand for physician services, it is imperative that we continue to fund GME slots to allow these future physicians to learn here in Michigan, train here in Michigan, and stay here in Michigan.

Legislative & Regulatory Platform

MSMS has long-standing positions and policies on numerous topics. Following is an overview of the top issues comprising the MSMS legislative and regulatory advocacy platform.

Insurance and Regulatory Advocacy

- Support mental health and substance use disorder parity
- Ensure appropriate access to and payment for telemedicine
- Advocate for adequate and transparent physician networks
- Reduce unnecessary administrative costs

Public Health and Prevention

- Strengthen public health infrastructure
- Support vaccine availability and oppose efforts to weaken Michigan's vaccine laws
- Improve health equity
- Ensure access to evidence-based non-opioid pain care and opioid use disorder treatment
- Reduce childhood environmental hazards
- Reduce gun violence through health screening, patient counseling and expanded access to mental health services

Professional Liability

- Preserve existing tort reforms
- Support higher negligence thresholds in medical liability cases
- Eliminate the lost opportunity doctrine
- Maintain the legislative intent and enforceability of all medical liability tort reforms

Medicaid

- Seek funding parity with Medicare
- Seek funding sources that are fair and sustainable
- Support state funding for the Healthy Michigan Plan
- Ensure access to physician-directed care

Physician Supply and Training

- Increase graduate medical education funding at state level
- Minimize burden of medical school debt

Insurance Contracting Reform

- Limit retroactive audit timeframes
- Support adequate disclosure of fee screens
- Support appeals process that includes independent reviews

Scope of Practice

- Support physician-led, team-based health care
- Support education over legislation as the means of increasing scope of practice
- Oppose independent prescriptive authority by non-physicians
- Support patient right-to-know/health professional credentials disclosure

For more information about MSMS legislative advocacy, please contact:

- Josiah Kissling, Senior Director, State and Federal Government Relations, at jkissling@msms.org
- Scott Kempa, Manager, State and Federal Government Relations, at skempa@msms.org
- Kate Dorsey, Manager, State and Federal Government Relations, at kdorsey@msms.org



How Michigan’s prior-authorization reform law was passed

In addition to advocating prior-authorization reform on Capitol Hill, the AMA has successfully fought for reform at the state level and has helped get legislation passed in several states, including Georgia, Illinois, Kentucky and Michigan.

As in [other states](#) (PDF), the prior authorization-reform effort in Michigan included educating legislators and policy-makers with data on the issue, having patients tell their stories of how prior authorization delayed their care, providing [model legislation](#) (PDF) and building a coalition of concerned stakeholders called [Health Can’t Wait](#).

“What’s interesting about Michigan is that we went to the Chamber of Commerce, which is usually in line with insurance companies on this issue,” said AMA Immediate Past Chair [Bobby Mukkamala, MD](#), an otolaryngologist in Flint, Michigan.

While health insurers tout prior authorization as a cost-saving measure, an [AMA survey](#) (PDF) of 1,004 physicians found that it can lead to absenteeism and a less productive workforce, as delayed, denied or abandoned care harms the health of employees.

“For the first time ever, they were neutral on this,” Dr. Mukkamala said. “They see the toll of prior authorization on the economics of the workplace.”

The Michigan State Medical Society, which led the effort to create the Health Can’t Wait initiative, [has laid out more details](#) about how the prior-authorization reform law there will help.

Upon the bill’s signing, MSMS Past President Pino Colone, MD, said it was “a wonderful day for Michigan patients who can now rest easy knowing insurance company prior-authorization practices will no longer prove to be an impassable roadblock between them and the timely care and treatment they too often desperately need.”

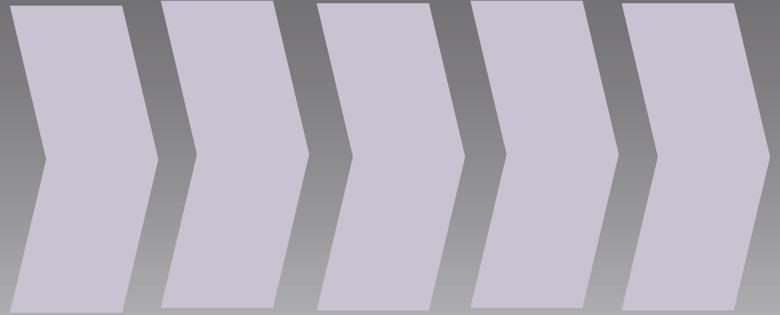
Dr. Mukkamala talked about the passage of Michigan state [Senate Bill 247](#) in a [recent episode](#) of “[AMA Update](#).”

Fixing prior authorization is a critical component of the [AMA Recovery Plan for America’s Physicians](#).

It is overused, and existing processes present significant administrative and clinical concerns. Find out how the AMA is [tackling prior authorization](#) with research, practice resources and reform resources.

Alarming statistics

Dr. Mukkamala cited the findings of the AMA survey showing that health insurers are not following through with [agreed upon prior-authorization reforms](#) and—because of that failure—are perpetuating delays in diagnosis and treatment that lead to patient harm and abandonment of treatment.



“One out of every three physicians have seen patients have a severe adverse consequence to prior authorization,” he said.

The AMA survey also found that, on average, physicians and their staff spend nearly two business days completing 41 prior authorizations per week. According to the survey, 40% of physicians have staff who work exclusively on prior authorizations—but Dr. Mukkamala said it can be hard to find people to fill this difficult role.

“It’s hard enough to find medical staff anyway in this post-COVID era—let alone bringing somebody into a job that’s fraught with frustration,” he said. “My medical staff doesn’t like begging administrators for permission to do the right thing and, when they’re not getting it, having to pick up the phone and call the patient saying, ‘You know what? We’re going to have to push back this test or push back this procedure.’”

More than 80% of physicians surveyed reported that the number of prior authorizations required for both prescription medications and medical services has grown over the past five years. And the issue is reaching lawmakers and the general public too.

“When we went to our state House and our state Senate to say that we need to solve this problem, and we share stories about rationing insulin while waiting to get a test done or waiting for a PET scan to stage cancer, you could just see heads nodding across the committee on the other side of this room from us because everybody has this experience,” Dr. Mukkamala said.



Bobby Mukkamala, MD



Do you have an advertising NEED?

- Are you a Physician **and** you are a member of GCMS and you have a new practice in Michigan?
- Do you have a medical practice **and** you are a member of GCMS and your office has relocated?
- Do you have a business that serves Michigan and business slow?

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1/2-page ad \$195/month

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YMCA - 360



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Arthritis Foundation



Click [HERE](#) for arthritis exercises!



 **CLICK HERE**

For Daily Genesee County Covid-19 Numbers

 **COVID-19 Summary for Genesee County, Michigan**

[Coronavirus \(COVID-19\) Data Dashboard for Genesee County](#)

 **CLICK HERE**

For Reporting



EMPLOYERS + SCHOOL ADMINISTRATORS:

Do you need to report a laboratory-confirmed positive COVID-19 case?

Click the button to email the Communicable Disease team at GCHD-CD@gchd.us or call (810) 257-1017

The complex block has a dark green background. On the left, there is a graphic with red virus particles and the text 'COVID-19 reporting for SCHOOLS + EMPLOYERS'. To the right, the text is white and bold, asking if the user needs to report a positive case and providing contact information for the Communicable Disease team.

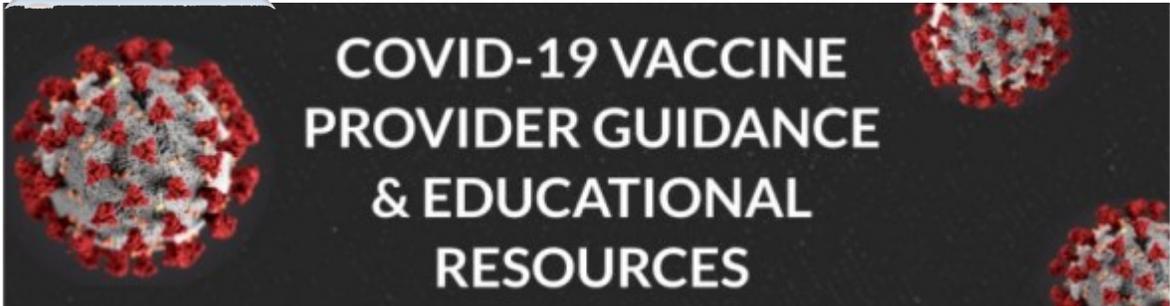
 **CLICK HERE**

For State of Michigan Covid-19 Information





 [CLICK HERE](#)



COVID-19 VACCINE

The COVID-19 pandemic demonstrates how diseases without vaccines can devastate economic and public health. Vaccines have reduced and, in some cases, eliminated many diseases. In the U.S., there is currently no approved vaccine to prevent COVID-19. MDHHS is working with the CDC and Michigan stakeholders to prepare and plan for when the vaccine is available. The initial draft of our state's plan is now available and will be updated often in the coming months. Visit regularly for the most recent information on the COVID-19 vaccine and Michigan's preparations.

[COVID-19 VACCINE PLAN](#)

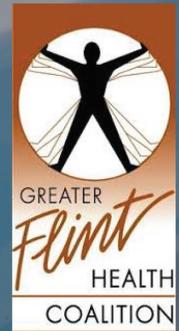
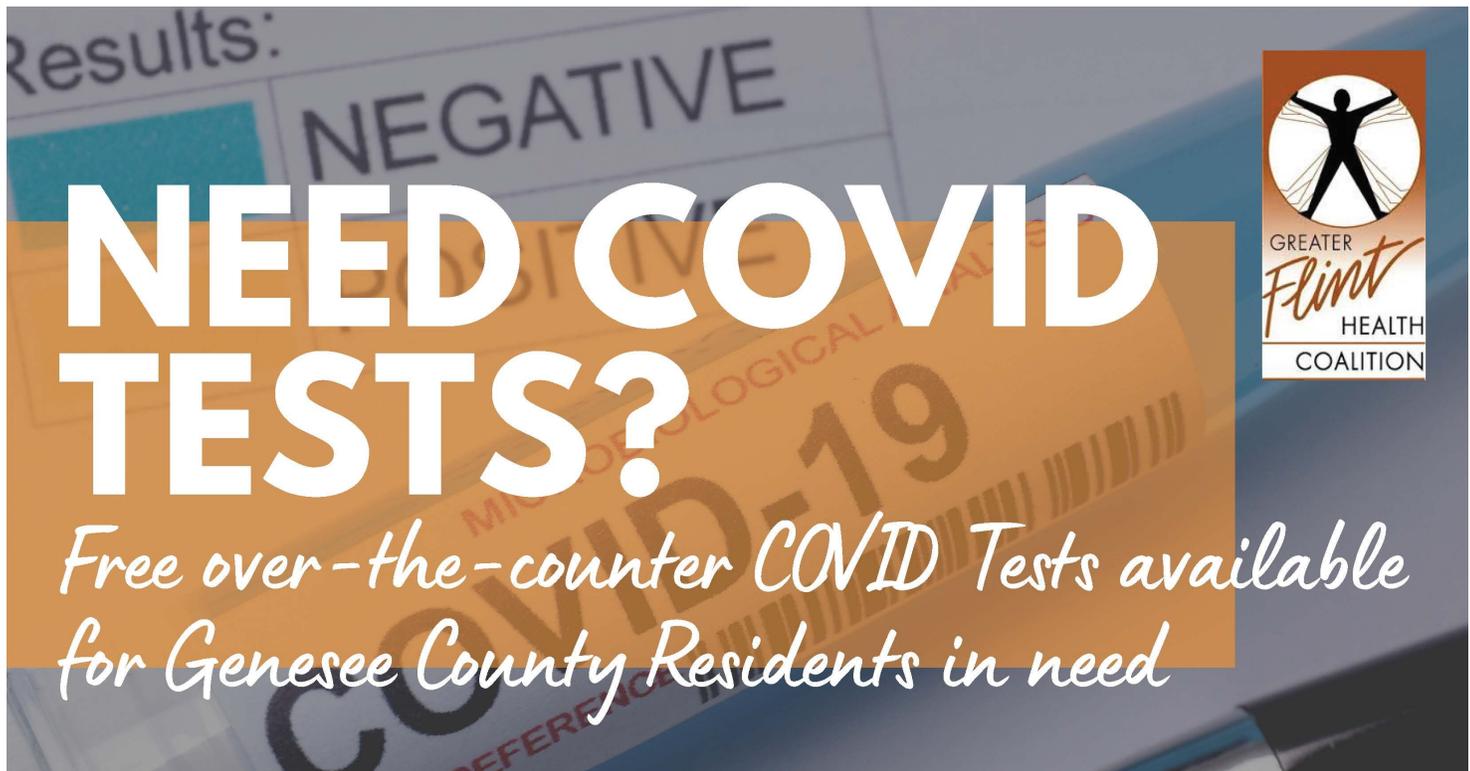
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[IMMUNIZATIONS DURING COVID-19](#)

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NEED COVID TESTS?

Free over-the-counter COVID Tests available for Genesee County Residents in need

CAN'T FIND A TEST IN-STORE? WE CAN HELP!

If you are a community-based organization with clients in need, contact Genesee CHAP to receive a bulk delivery of tests.

Are you a resident, a school, or medical practice? If so, make a referral to CHAP to receive a free COVID-19 OTC test, delivered within 24 hours.

Free COVID-19 tests available for all who need one. Limit 6 per household.

Make a Referral to Genesee CHAP

- Call 810-953-2427
- Utilize the Community Referral Platform
- Fax Genesee CHAP Referral Form
- Visit gfhc.org/CHAPreferrals



Request "OTC COVID-19 Test" and note "Urgent". Genesee CHAP will deliver test(s) to the individual's home within 24 hours.



USING & REPORTING SELF-TESTS | COVID-19 |

1

Follow instructions very carefully.



2

Use the QR code below for more information about self-testing and how-to videos.



3

If your results are positive

Report results to GCHD at www.gchd.us or click [here](#).

Isolate yourself from others for 5 days following symptom onset (if symptomatic) or positive test result (if asymptomatic).

Tell your close contacts that they may have been exposed to COVID-19.

Call GCHD at 810-344-4800 if you are unable to use online resources.



4



If you are at an increased risk of becoming very sick, treatment maybe be available. Contact your health care provider right away if your test result is positive.



www.cdc.gov/covidtesting

CS324605-L 02/08/22

Your Membership at Work

- ◆ GCMS hosts monthly Practice Manager's meeting discussing complicated insurance issues and gets acclimated with Luna Languages (virtual interpreting service) which is a new benefit available to members.
- ◆ GCMS staff helped Genesee County residents with contacts, resources and explanations.
- ◆ GCMS Reinstates the Membership task force, in which members will collaborate and connect with previous members to renew memberships and reach out to practices to gain new memberships as well.



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The advertisement features a background image of a modern hospital lobby with a curved walkway and glass railings. In the foreground, a group of three professionals (two men and one woman) are engaged in a discussion, with one woman holding a tablet. The overall color scheme is light blue and green.

GHS Intensive Crisis Stabilization Services for Children and Young Adults



The GHS Children's Intensive Crisis Stabilization Team (ICSS) provides mobile crisis stabilization services, 7 days a week between 8:00am and 7:00pm to all children, youth, and young adults (ages 0-21) who reside in Genesee County. Calls during other hours are helped by our Crisis Line mental health professionals.

Reasons to call GHS:

- If you feel your child/youth is in a crisis
- The child/youth may hurt themselves or others
- The child is experiencing overwhelming confusion, anger, or emotional unresponsiveness

If you aren't sure if ICSS is needed, give us a call and we can help to explore options.

What happens when the GHS Intensive Crisis Team is called?

The team will provide an on-site intervention with the identified child or youth, and their support system. The team's main focus will be to help assess the crisis, utilize de-escalation techniques, help the child/youth and their family or support system to help with what is needed and to help determine next steps and long-term care.

Other services include:

- Crisis and Safety Planning
- Referrals to needed services
- Education on resources, diagnosis and services
- Collaboration and problem solving

* Psychiatric consults, as needed (does not include medication review for prescription)

** Intensive Crisis Stabilization services cannot be provided to individuals who are currently residing in inpatient settings: Jail/detention centers or residential settings (i.e. child caring institutions, crisis residential, etc.).

GHS Intensive Crisis Stabilization Services for Children

810.257.3740 877.364.3648

420 W. Fifth Avenue, Flint 48503 • www.genhs.org

Supported by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services through the Michigan Department of Health and Human Services.

Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the underserved, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

In your Trust, "Grantor directs Trustee to distribute ___% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation."

In your Will, "I give, devise and bequeath ___% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation."

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.



Don't Forget!
Donations are tax deductible!

Please contact GCMS at 733-9923 or email executivedirector@gcms.org



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PHYSICIAN AND PROVIDER WELL BEING PROGRAM

Rediscover meaning, joy, and purpose in medicine.

SafeHaven™ ensures that physicians and health care providers can seek confidential assistance and support for burnout, career fatigue, and mental health reasons.



In-the-moment telephonic support by a licensed counselor, 24/7



Legal and financial consultations and resources, available 24/7



Peer Coaching—talk with someone who has walked in your shoes that can help you grow both personally and professionally

- Six sessions per incident
- Physician or provider chooses coach from a panel of coaches



Counseling, available in either face-to-face or virtual sessions; addressing stress, relationships, eldercare, grief, and more

- Six sessions per incident
- Available to all extended family members



WorkLife Concierge, a virtual assistant to help with every day and special occasion tasks, 24/7



VITAL WorkLife App—Mobile access to resources, well being assessments, insights, and more

RESOURCES FOR YOU AND YOUR FAMILY MEMBERS

SafeHaven™ includes Well Being Resources from VITAL WorkLife—confidential and discreet resources designed to reduce stress and burnout, promote work/life integration and support well being for you and your family.

TO LEARN MORE, VISIT
www.MSMS.org/SafeHaven

To support the needs of physicians and health care providers struggling with stress, burnout, and the effects of COVID-19, the Michigan State Medical Society (MSMS) and VITAL WorkLife have partnered to offer a comprehensive set of well being resources and confidential counseling services for their use, SafeHaven™.





120 West Saginaw Street | East Lansing, Michigan 48823
517-337-1351 | msms@msms.org | www.msms.org

Application Code: _____

State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at www.joinmsms.org



- I am in my first year of practice post-residency.
- I am in my second year of practice post-residency.
- I am in my third year of practice post-residency.
- I have moved into Michigan; this is my first year practicing in the state.
- I work 20 hours or less per week.
- I am currently in active military duty.
- I am in full, active practice.
- I am a resident/fellow.

Male Female

First (legal) Name: _____ Middle Name: _____ Last Name: _____ MD DO

Nickname or Preferred Form of Legal Name: _____ Maiden Name (if applicable) _____

Job Title: _____

W Phone _____ W Fax _____ H Phone _____ H Fax _____

Mobile: _____ Email Address _____

Office Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

Home Address Preferred Mail Preferred Bill Preferred Mail and Bill

City: _____ State: _____ Zip: _____

*Please base my county medical society membership on the county of my (if addresses are in different counties): Office Address Home Address

*Birth Date: ____/____/____ Birth Country _____ MI Medical License #: _____ ME #: _____

Medical School _____ Graduation Year: _____ ECFMG # (if applicable) _____

Residency Program _____ Program Completion Year _____

Fellowship Program _____ Program Completion Year _____

Hospital Affiliation _____

• Primary Specialty _____ Board Certified: Yes No

• Secondary Specialty _____ Board Certified: Yes No

Marital Status: Single Married Divorced Spouse's First Name: _____ Spouse's Last Name: _____

Is your spouse a physician?: Yes No If yes, are they a member of MSMS?: Yes No

Within the last five years, have you been convicted of a felony crime?: Yes No If "yes," please provide full information: _____

