Last month’s article by Dr. Doug Murphy exemplifies our Medical Society’s commitment to improve and maintain the quality of health care practice in Marion County and the state. Role models like him and many others who have dedicated a significant part of their professional life to better ours is admirable and commendable. Muchas Gracias...Doug!

As the number of physicians in our community increase so does the number of physician to physician referrals. It is our responsibility that our patients receive treatment that is honest and from evidence-based medicine. I decided to write an article based on some of the greatest challenges we face in medicine. I want to welcome Dr. Ed Stewart to the presidency and wish my friend luck in his endeavors.

THE CHALLENGE OF HEALTH CARE FRAUD

By Rolando E. Prieto, MD, Medical Director, Center for Vascular Health
Chief of Radiology, Munroe Regional Medical Center
Chief of Vascular/Interventional Radiology, Munroe Regional Medical Center

In 2011, $2.27 trillion was spent on health care and more than four billion health insurance claims were processed in the United States. It is an undisputed reality that some of these health insurance claims are fraudulent. Although they constitute only a small fraction, those fraudulent claims carry a very high price tag.

The National Health Care Anti-Fraud Association (NHCAA) estimates that the financial losses due to health care fraud are in the tens of billions of dollars each year.

Whether you have employer-sponsored health insurance or you purchase your own insurance policy, health care fraud inevitably translates into higher premiums and out-of-pocket expenses for consumers, as well as reduced benefits or coverage. For employers—private and government alike—health care fraud increases the cost of providing insurance benefits to employees and, in turn, increases the overall cost of doing business. For many Americans, the increased expense resulting from fraud could mean the difference between making health insurance a reality or not.

However, financial losses caused by health care fraud are only part of the story. Health care fraud has a human face too. Individual victims of health care fraud are sadly easy to find. These are people who are exploited and subjected to unnecessary or unsafe medical procedures. Or whose medical records are compromised or whose legitimate insurance information is used to submit falsified claims. Don’t be fooled into thinking that health care fraud is a victimless crime. There is no doubt that health care fraud can have devastating effects.

The majority of health care fraud is committed by a very small minority of dishonest health care providers. Sadly, the actions of these deceitful few ultimately serve to sully the reputation of perhaps the most trusted and respected members of our society—our physicians.

The most common types of fraud committed by dishonest providers include:

- Billing for services that were never rendered—either by using genuine patient information, sometimes obtained through identity theft, to fabricate entire claims or by padding claims with charges for procedures or services that did not take place.
- Billing for more expensive services or procedures than were actually provided or performed, commonly known as “upcoding”—i.e., falsely billing for a higher-priced treatment than was actually provided (which often requires the accompanying “inflation” of the patient’s diagnosis code to a more serious condition consistent with the false procedure code).

(continued on page 3)
MARION COUNTY MEDICAL SOCIETY 
BOARD AND DELEGATE TERMS ANNOUNCED

The Marion County Medical Society announces the following openings for Board seats. All interested candidates should contact the MCMS office at 732-8883. Nominations will close and election will occur at the August 20, 2015 General Meeting.

SECRETARY-TREASURER: The Executive Committee acting as Nominating Committee will announce their candidate for Secretary Treasurer 2015-2016 at the May General Meeting. Additional nominations will be received until August 13, 2015.

MEMBER AT LARGE 2015-2017: Nominations must originate from the general membership with the nominees consent and be made in writing to the MCMS office not later than August 13, 2015.

DELEGATE REPRESENTATIVE TO THE EXECUTIVE COMMITTEE: Appointed by the MCMS/FMA DELEGATION.

PUBLIC RELATIONS COMMITTEE CHAIRMAN: Appointed by the President.

EDITOR: Appointed by the President.

MCMS/FMA DELEGATE POSITIONS OPEN: The following terms expire August 2015.

The new term runs from August 2015 to August 2017.

Incumbent: Announced candidates:
Ravi Chandra, MD
Stephen Fischer, MD
David Willis, MD

Dennis A. Fried, M.D., J.D.
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DFried@bmaklaw.com
4 S.E. Broadway Street, Ocala, FL 34471
352-732-7218
MEETING ANNOUNCEMENT

MAY GENERAL MEETING

THURSDAY, MAY 21, 2015

Golden Ocala Golf & Equestrian Club
US Hwy 27, Ocala, FL

Social: 6:30 pm
Business Meeting: 7:15 pm
Dinner: 7:30 pm

PROGRAM:
Professionals Resource Network
Dr. Penny Ziegler

Please RSVP to 732-8883

The MCMS will charge $50 per person for those making reservations and not attending the event.
Cancellations for May 21st meeting will not be accepted after 05/18/15.

THE CHALLENGE OF HEALTH CARE FRAUD (Continued from page 1)

• Performing medically unnecessary services solely for the purpose of generating insurance payments—seen very often in nerve-conduction and other diagnostic-testing schemes.
• Misrepresenting non-covered treatments as medically necessary covered treatments for purposes of obtaining insurance payments—widely seen in cosmetic-surgery schemes, in which non-covered cosmetic procedures such as “nose jobs” are billed to patients’ insurers as deviated-septum repairs.
  • Falsifying a patient’s diagnosis to justify tests, surgeries or other procedures that aren’t medically necessary.
• Unbundling - billing each step of a procedure as if it were a separate procedure.
• Billing a patient more than the co-pay amount for services that were prepaid or paid in full by the benefit plan under the terms of a managed care contract.
  • Accepting kickbacks for patient referrals.
  • Waiving patient co-pays or deductibles for medical or dental care and over-billing the insurance carrier or benefit plan (insurers often set the policy with regard to the waiver of co-pays through its provider contracting process; while, under Medicare, routinely waiving co-pays is prohibited and may only be waived due to “financial hardship”).

Health care fraud, like any fraud, demands that false information be represented as truth. An all too common health care fraud scheme involves perpetrators who exploit patients by entering into their medical records false diagnoses of medical conditions they do not have, or of more severe conditions than they actually do have. This is done so that bogus insurance claims can be submitted for payment.

Unless and until this discovery is made (and inevitably this occurs when circumstances are particularly challenging for a patient) these phony or inflated diagnoses become part of the patient’s documented medical history, at least in the health insurer’s records.

Shockingly, the perpetrators of some types of health care fraud schemes deliberately and callously place trusting patients at significant risk of injury or even death. It’s distressing to imagine, but there have been many cases where patients have been subjected to unnecessary or dangerous medical procedures simply because of greed.

(continued on page 5)
MCMS WORKERS’ COMPENSATION PROGRAM ANNOUNCES 29% DIVIDEND DECLARED AND PAID FOR 2014!

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2015 CALENDAR OF EVENTS

<table>
<thead>
<tr>
<th>MONTH</th>
<th>EVENT</th>
<th>DATE</th>
<th>LOCATION</th>
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<tr>
<td>May</td>
<td>General Membership Meeting</td>
<td>05-21-15</td>
<td>Golden Ocala Golf &amp; Equestrian Club</td>
<td>Professionals Resource Network – Dr. Penny Ziegler</td>
<td>6:30 pm Social 7 pm Business Meeting 7:30 pm Dinner/Program</td>
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<td>July 31 – August 2</td>
<td>Disney’s Yacht &amp; Beach Club</td>
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<td>General Membership Meeting &amp; Officer Installation</td>
<td>08-20-15</td>
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In June, 2002, for example, a Chicago cardiologist was sentenced to 12-1/2 years in federal prison and was ordered to pay $16.5 million in fines and restitution after pleading guilty to performing 750 medically unnecessary heart catheterizations, along with unnecessary angioplasties and other tests as part of a 10-year fraud scheme.

Three other physicians and a hospital administrator also pleaded guilty and received prison sentences for their part in the scheme, which resulted in the deaths of at least two patients.

The physicians and hospital induced hundreds of homeless persons, substance abusers, and elderly men and women to feign symptoms and be admitted to the hospital for the unnecessary procedures. How? By offering them incentives such as food, cash and cigarettes. “There were 750 people who had needles stuck into their hearts purely for profit, not because they needed it,” said one of the federal prosecutors.

As physicians, our main focus is on providing compassionate medical care to our patients without unethical deviation from the prime mission. Nevertheless, health care fraud is a reality, and there is evidence of an increase in cases in which there is direct harm to patients, a particularly reprehensible form of health care fraud.

The next generation of physicians not only should enter the profession armed with the requisite clinical knowledge and surgical techniques but also should be educated more completely about the ethics-based framework on which they build their practices. We may have to reassess how medical school applicants are screened and what attributes are given more weight in admission decisions. Evidence of commitment to patient care may be more important than test scores. Given the number of physicians engaging in fraudulent behavior, there is clearly a need for formal training during which there is frank discussion about the ethics governing patient care and the consequences to the individual and profession when there is deviation.

In many ways it is much easier for those in the medical profession to imagine that well-respected, successful corporate managers could engage in white collar crime. After all, corporate officers work in an environment that rewards financial success with recognition, promotions, and bonuses. In a for-profit business environment, there can be strong organizational pressures contributing to the decision to abandon ethics for the benefit of the individual or the corporation.

Health care fraud is not a victimless crime. The diversion of funds due to fraud drives up the costs of providing a full range of legitimate medical services and may foster mechanisms designed to recoup these losses. These efforts may result in reduced benefit coverage, changes in eligibility for programs such as Medicaid, higher premiums for individuals or their employers, or higher copays. Physicians may perform unnecessary procedures to increase reimbursement, compromising patient safety. When medical providers bill for services never rendered, they create a false medical history for patients that may later cause them difficulty in obtaining disability or life insurance policies. An inaccurate medical history may also influence treatment decisions and allow some insurance companies to deny coverage based on a previous medical condition.

Health care fraud also tarnishes the reputation of the medical profession and raises questions about the ethics governing the conduct of all physicians.

The Centers for Medicare and Medicaid Services (CMS) projected the total health care expenditures for Fiscal Year 2008 at $2.4 trillion. With the changing demographics and escalating costs of medical treatment by 2018, CMS expects that total health care spending will increase to $4.14 trillion and account for an even higher percentage of the gross domestic product (20.3 percent). The National Health Care Anti-Fraud Association estimated that health care fraud accounted for 3 percent of the health care expenditures, or $68 billion, in 2007, while the Federal Bureau of Investigation (FBI) estimated losses due to health care fraud at 3 to 10 percent. At 10 percent, the losses would surge to $226 billion for 2007.

In response to these realities, Congress-through the Health Insurance Portability and Accountability Act of 1996 (HIPAA)-specifically established health care fraud as a federal criminal offense, with the basic crime carrying a federal prison term of up to 10 years in addition to significant financial penalties. [United States Code, Title 18, Section 1347.]

The federal law also provides that should a perpetrator’s fraud result in the injury of a patient, the prison term can double, to 20 years; and should it result in a patient’s death, a perpetrator can be sentenced to life in federal prison.

Since its inception in March 2007, the Medicare Fraud Strike Force, now operating in nine cities across the country, has charged nearly 2,000 defendants who have collectively billed the Medicare program for more than $6 billion. In addition, the HHS Centers for Medicare & Medicaid Services, working in conjunction with the HHS-OIG, are taking steps to increase accountability and decrease the presence of fraudulent providers.
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OLD BUSINESS:

1. MINUTES: The minutes from the January 21, 2015 meeting were approved as printed in the January issue of Progress Notes.

2. MEMBERSHIP:

A. PROBATIONARY: The following physicians indicated with a ✓ check mark were approved for probationary status membership.

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<tr>
<td>Acevedo, Celso, MD</td>
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<td>Bell, Margaret, DO</td>
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<td>Brown, Darin, MD</td>
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<td>Brown, Thomas, MD</td>
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<td>Daggubati, Subba Rao, MD</td>
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<td>Dayo, Mateo, MD</td>
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<td>DeJongh-Beyer, Mariana, MD</td>
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<td>✓ Harrington, Rena</td>
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<td>Lui, Tong, MD</td>
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<td>Nijher, Sukhbir</td>
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<td>Rockower, Robert, DO</td>
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✓ Approved

(continued on next page)
MARCH 2015 GENERAL MEETING MINUTES (continued)

Rogozina, Svetlana, MD  Int. Med - hosp.
Roman, Jose’, MD  Int. Med - hosp.
Saha, Ted, MD  Pediatrics (retired)
Sanders, Thomas J, MD  Urology
Santi, Celestino, DO  Int. Med.
Shebani, Khaled, MD  General Surgery
Sher, Andrew, MD  Urology
Silberberg, Stephanie, MD  Orthopedic Surgery
Singu, Bheema, MD  Gastroenterology
Thiruman, Sujatharani, MD  Int. Med - hosp.
Thornton, James, MD  Cardiovascular Surgery
Timbol, Randolph, MD  Int. Med - hosp.
Torres, Ramon, MD  Cardiology
Tung, Steven, MD  Anesthesiology
Usberghi, Michael, DO  FP - hosp.
Ventrapragada, Saila, MD  Nephrology
Warycha, Bohdan, MD  Physical Med/Rehab

✓ Approved

B. MEMBERSHIP:
Probationary to active. The following physicians indicated with a ✓ check mark were approved for probationary to active status membership.

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<td>Cartwright, Brian, MD</td>
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<td>Choksi, Samer</td>
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<td>Cumpton, Terri, MD</td>
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<td>Farr, Derek, DO</td>
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<td>Kovalchuk, Oleksandr, MD</td>
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<td>Orlando, Christine DO</td>
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<td>Pyles, Stephen, MD</td>
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C. MEMBERSHIP: The following physicians are scheduled to be presented at the May 2015 General Meeting for vote from probationary to active status: (if anyone has comments regarding the physicians mentioned, please respond in writing to the MCMS office within the next 30 days.

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<td>Chappell, Craig, DO</td>
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<td>Karavadia, Saumilkumar, MD</td>
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D. ASSOCIATE STATUS MEMBERSHIP: The following physicians were approved for associate status membership:

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<th>LAKE ASSOCIATE</th>
<th>LEE ASSOCIATE</th>
<th>HILLSBOROUGH ASSOCIATE</th>
<th>PALM BEACH ASSOCIATE</th>
<th>SARASOTA ASSOCIATE</th>
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<td>Ira, Paul</td>
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<td>Jaffe, Peter</td>
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<td>Marks, Michael</td>
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<td>Phillips, Ray</td>
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<td>Reed, Eric</td>
<td>Shieh, Moses</td>
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<td>Regala, Philip</td>
<td>Towe, Ken</td>
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<td>Schlossberg, L.</td>
<td>Dias, Glenn</td>
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<td>Strohmeyer, C.</td>
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NEW BUSINESS:

1. Delegate Vacancy (Dr. Carrascosa’s seat): The 2015-2017 vacancy created by Dr. Carrascosa’s relocation to another area was announced. Dr. Osberg was nominated for the position. No other nominations. Dr. Osberg elected.

2. Medical Protective Malpractice Insurance program endorsement announced. Charles Chazal will serve as Agent of record. Contact MCMS office for additional information and/or quote information.

3. Appreciation was expressed to Dr. Luis Carrascosa for his service as President during the 2014-2015 year.

4. The May General Meeting will be held at Golden Ocala on Thursday, May 21st.

There being no further business, the business meeting was adjourned at 7:30 pm.
<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
<th>Medical School</th>
<th>Year</th>
<th>Residency/</th>
<th>Fellowship</th>
<th>Board Certification</th>
<th>Spouse</th>
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<tr>
<td>ABBAS ALI, M.D.</td>
<td>Cardiology</td>
<td>Gandhi Medical College, India</td>
<td>1990</td>
<td>Henry Ford</td>
<td>Detroit, Michigan</td>
<td>Cardiology/Internal Medicine</td>
<td>Maqbool Ali</td>
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<td></td>
<td></td>
<td></td>
<td>Hospital</td>
<td>Year 1994</td>
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<tr>
<td>GEORGE GILBERT, M.D.</td>
<td>Family Practice</td>
<td>The American University of the Caribbean, Montserrat, BWI</td>
<td>1998</td>
<td>Aultman</td>
<td>Canton, Ohio</td>
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<td>Kimberly Gilbert</td>
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<td>Hospital</td>
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<tr>
<td>DANA CARTER-DALEY, M.D.</td>
<td>Pediatrics</td>
<td>University of South Florida, Tampa, Florida</td>
<td>1997</td>
<td>Arnold Palmer</td>
<td>Orlando, Florida</td>
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<td>Hospital</td>
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<td>Year 2000</td>
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<tr>
<td>LEAH DELUMPA, D.O.</td>
<td>Internal Medicine</td>
<td>Nova Southeastern University, Ft. Lauderdale, FL</td>
<td>2012</td>
<td>Broward Health</td>
<td>Ft. Lauderdale, FL</td>
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<td>Health Medical</td>
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<td></td>
<td></td>
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<td>Medical Center</td>
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<tr>
<td>ROBERT GRIFFIN, M.D.</td>
<td>Family Practice</td>
<td>Saba University, Saba</td>
<td>2003</td>
<td>University of</td>
<td>Shands Hospital, Jacksonville, FL</td>
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<td>Kristy Griffin</td>
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<td>Florida</td>
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**Health Care Fraud Executive Committee/Board Positions**

**Meeting Announcement 2015 Calendar of Events**

**Executive Committee Minutes**

**Welcome New Applicants MedPro MCMS Liability Solution**
WELCOME NEW APPLICANTS

NORMAN WEINSTEIN, M.D.
Interventional Cardiology
Institute of Cardiovascular Excellence
4730 S.W. 49 Road, Ocala, FL 34474
Phone: 352-854-0681 • Fax: 352-249-9727
Email: nweinstein@ocalaicemc.com

Specialty: Interventional Cardiology
Medical School: Hahnemann University, Philadelphia, PA Year 1986
Residency: Northwestern University, Chicago, IL Year 1989
Fellowship: University of Chicago, Chicago, IL Year 1992
Hospital Affiliations: Ocala Regional Medical Center, Munroe Regional Medical Center, West Marion Community Hospital
Board Certification: Cardiology/Interventional Cardiology/Internal Medicine
Spouse: Sheryl Weinstein

HARIS I. MIRZA, M.D.
Infectious Disease
Ocala Infectious Disease and Wound Center
2651 S.W. 32 Place, Ocala, FL 34471
Telephone: 352-401-7552 • Fax: 352-622-7945 • Email Address: lauren@ocalaidc.com

Specialty: Infectious Disease
Medical School: King Edward Medical University, Lahore, Pakistan Year 1992
Residency: Overlook Hospital, Summit, NJ Year 2000
Fellowship: Brown University, Providence, RI Year 2002
Hospital Affiliations: Ocala Regional Medical Center, West Marion Community Hospital, Kindred Hospital
Board Certification: Infectious Disease/Internal Medicine
Spouse: Ann Lauren Mirza, ARNP

SERGEY KACHUR, M.D.
Internal Medicine
Ocala Hospitalist Group
910 SW 1 Avenue, Suite 201, Ocala, FL 34471
Phone: 352-620-8012 • Fax: 1-888-407-2425

Specialty: Internal Medicine
Medical School: Ross University School of Medicine, Miramar, FL Year 2012
Residency: Cleveland Clinic, Weston, FL Year 2015
Hospital Affiliations: Cleveland Clinic, Florida
Board Certification: Board Eligible, Internal Medicine
Spouse: Patricia Kachur

SNEHAL PATEL, M.D.
Internal Medicine
Ocala Hospitalists Group
910 S.W. 1 Avenue, Suite # 201 • Ocala, FL 34471
Telephone: 352-620-8012 • Fax: 1-888-407-2425 • Email Address: alpate99@yahoo.com

Specialty: Internal Medicine
Medical School: B.J. Medical College, India Year 1991
Residency: Flushing Hospital, Flushing, NY Year 2004
Board Certification: Internal Medicine
Hospital Affiliations: Ocala Regional Medical Center, West Marion Community Hospital
Celebrating Our 33rd Year of Operation

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Henry Harrell, Jr., MD
Samuel L. Renfroe, MD
Charles E. Jordan, MD
William E. Chambers, MD

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Karl Altenburger, MD*
Charles E. Jordan, MD*
Christopher Grainger, MD*
Manny Rodriguez, MD
Michael L. Patete, MD
Alan Pillersdorf, MD
Michael Wasylik, MD
David J. Kaler, MD
Peter Marzek, MD
Neal P. Dunn, MD

PAST TRUSTEES
David Lammermeier, MD
David McFaddin, MD
Daniel Robertson, MD
Jose Gaudier, MD
Chander Samy, MD
Thomas J. Fuller, MD
Douglas R. Murphy, MD
Lance Trigg, MD
Stephen E. Fischer, MD
Mark Yap, MD
Richard A. Smith, MD
Joseph C. Webster, MD
Norman H. Anderson, MD
Gary M. Wright, MD
Henry Harrell, Jr., MD
James H. Rogers, MD
Melvin Seek, MD
David Willis, MD
Luis Carrascosa, MD
Rolando Prieto, MD
James McLaughlin, MD
William A. Trice, MD
David S. Whittaker, MD
John P. Nardandrea, MD
Jay J. Rubin, MD
Ravi Chandra, MD
Edward King, MD
Frank Cannon, MD
George Stewart, MD

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*Appointed Trustee

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Chazal-Blair Bldg., 104 S.E. 1st Ave., Ocala, FL 34471
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- Superior coverage with flexibility — each physician may choose his or her own policy limits and policy type: occurrence, convert to occurrence, or claims-made coverage
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- 140,000+ insureds

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Phone: 352-861-4534 | Email: cchazal@bbandt.com
Complete the form below to receive your premium estimate.

CONTACT INFORMATION

Name: ..............................................................................................................................

Address: ............................................................................................................................

City: .......................................................... State: .............. ZIP: ...................................

Phone: ..............................................................................................................................

Email: ..............................................................................................................................

How would you like to be contacted? ☐ Phone ☐ Email

PRACTICE INFORMATION

Practice name: ....................................................................................................................

Specialty: ............................................................................................................................

Number of physicians in practice: ....................................................................................

County where you practice: ..............................................................................................

INSURANCE INFORMATION

Current insurer: ..................................................................................................................

Current policy expiration date: ......................... Retro date: ..............................................

Have you had any claims in the last five years? ............................................................

Desired liability limits: ......................................................................................................

Are you a member of the MCMS? ....................................................................................

Fax to 866-802-8678, scan and email to cchazal@bbandt.com, or mail to Charles Chazal
3306 SW 26th Ave, Ste 302
Ocala, FL 34471