

FRS & FRBMA *focus*

SPRING 2007

Florida Radiological Society • Florida Radiology Business Management Association



FRS President's Message

Philip S. Cook, M.D., FACS, FSIR

This year, enhancing membership participation, benefits and the financial health of the FRS continues at a busy pace. The midwinter board meeting was very productive, attended by 28 members of the FRS and FRBMA. More in-depth articles about FRS projects can be found elsewhere in the newsletter. Many thanks are due to all whom, at their own expense, gave freely of their time and expertise for the cause of Florida radiology.

Board meetings are open to all FRS members. The next board meeting is at the start of the annual meeting in Sarasota on Friday, July 13, 2007. The meeting presents a great opportunity for new members and those who may wish to become more active in the FRS to discover what the FRS is doing.

Following, briefly, is some of the progress we've made this year:

The Masters Section is now a reality. Led by Paul Mori, MD and Chet Baran, MD, the Masters Section will develop avenues to offer decades of the accumulated wisdom of our more experienced members to the broader FRS membership while providing organized opportunities for our retired colleagues to remain active.

The board approved the FRS Legislative Fellowship. This program, developed under the leadership of Shawn Fibkins, MD, and the Resident and Fellow Section, creates an opportunity for one Florida radiology resident or fellow each year to spend a week in Tallahassee participating in the FRS lobbying efforts under the guidance of the FRS lobbyist, Alison Dudley. It is hoped that the program will inspire our younger members to become informed and to understand the necessity that we, as physicians, need to be active and represent the concerns of our specialty to legislators and state regulators. The board is also exploring long-range financial support for other programs for residents and fellows.

Rich rewards await those who make the choice to step forward and take an active role to ensure the success of their professional future. Rather than suffer "things done to us," it is quite possible to effect positive change in our professional futures. Dr. David Epstein and the Medicare Carrier Advisory Committee work tirelessly on our behalf with The Centers for Medicare & Medicaid Services (CMS) for proper reimbursement. Many of our members gave generously of their personal time and finances (individually and through the FRS PAC) to support the campaigns of our elected officials and to educate them about the specific issues that concern us as radiologists. Radiology's influence in the Florida legislative and regulatory spheres is stronger than ever, thanks to their efforts.

The Membership Committee is in full swing with efforts in member retention and recruitment. Each year a small percentage of the membership considers dropping their FRS and ACR membership. This is usually because of the perception that the FRS and/or the ACR are not doing enough for them or the perception that membership lacks value. Through personal calls, Drs. Jesse Davila and Manny Rose, along with their regional coordinators, have successfully inspired members

Continued from Page 1

FRBMA President's Message

Charles Allan



My goodness, it's hard to believe the FRS & FRBMA annual meeting has been planned and the Ritz Carlton Sarasota is the place for the weekend of July 13th. Our Program Chairman has lined up tremendous speakers including Dr. Frank Lexa who will be presenting topics such as Strategic Planning in Radiology. I'm bringing my additional person, are you?

We just completed a successful retreat. With plans for a new year complete, we are offering education for the practice administrators and their staff to enhance profitability and be prepared for the storms ahead. If you are not involved with the FRBMA, you are missing a golden opportunity!

CODING! CODING! CODING! We never seem to have time to stay up to date and to train new employees. Mark your calendar for the week of May 21, 2007. The FRBMA will be sponsoring a coding update seminar in Orlando. If you are not on our mailing list, contact Ladonna Nichols, program chairman by e-mail at USER164539@AOL.COM.

Everyday decisions are made that make us winners or losers. In our current environment, these decisions are being made with input from the group with the most clout. Unfortunately, the clout is measured in the dollars and influence required to get our elected officials in office and to keep them there. I'm sure your physicians never hesitate in wrestling their personal checkbook from their spouse to write a personal check to RADPAC. It is always the other group that has these problems. Simple solution set up a payroll deduction plan for your physicians to support the RADPAC, and send the funds to the RADPAC electronically. For more information contact Heather Kaiser of the ACR staff at (888)295-8843 or by email at hkaiser@acr.org.

Come Join Us!

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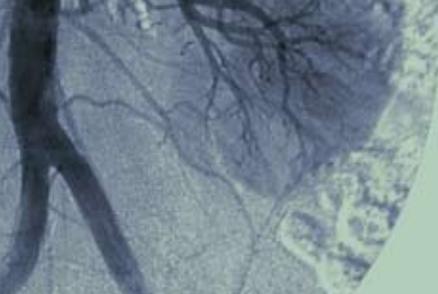
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VALUE OF ACR AND FRS MEMBERSHIP

Charles D. Williams, M.D, FACR, FAAP

Recently I received an email from a radiologist asking why one should maintain his or her membership in the American College of Radiology and the Florida Radiological Society. It seems that many radiologists are unaware of all the activities occurring behind the scene on their behalf and the importance of these two organizations.

I personally got involved to have input into my own destiny and to have input into the future of radiology. I encourage younger radiologists to be involved and to have input and give direction to organized radiology on the state and national level. Otherwise, folks including other physicians and the government will do things to you.

Why join the ACR or FRS? Why be active? The greater the number of members the greater the impact. The ACR or FRS cannot fund the kind of effort it takes to win on the national or state level unless the majority of radiologists are members. We can do things collectively that an individual can't do. Weak things become strong when they stick together. As a radiologist one needs an advocate on both the state and national level to promote radiology. ACR and FRS need their members' involvement, opinions, input and membership. The specialty of radiology has provided us with enormous intellectual and financial satisfaction. However, these benefits are not guarantees.

I am in private practice in Tallahassee. I have taken my share of night call and holiday call. I am not a paid staff member of ACR or FRS. However, I believe in radiology and the patients we serve. Because of my concerns and strong convictions I give over 30 hrs. per week beyond my full workweek to insure that our specialty is protected for all radiologists in Florida.

First, let me address the ACR. Who is the ACR? The ACR is over 30,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists. The ACR is over 200 professional staff members in Reston, VA., Washington, D.C., and Philadelphia. The ACR is hundreds of volunteers donating their time and talents.

What is the ACR? The ACR is the leader in tackling the tough issues facing radiology today.

The ACR is a leader in improving the quality of patient care. The ACR is a highly effective advocate for all radiologists in government relations and economics. The office is in Reston, Virginia, and performs most of the American College of Radiology's socioeconomic work. Here we have staff with expertise in government relations, economics, health research, health law, publications, medical education, standards and accreditation, appropriateness criteria and public relations to name a few and they work with ACR leadership and volunteers to execute and administer the ACR's many programs.

The ACR tries to represent your interests. It is out there protecting and advancing radiology before Congress and state legislatures, before federal agencies like CMS, the FDA and state agencies like the state radiation control board; before Medicare and private third party payers; before the national and local media; and before Federal or State courts.

It also represents you before the American Medical Association and other medical groups. It represents your interests on official billing and reimbursement committees.

It works with your state chapters to assure proper implementation of Medicare policy. And also the ACR works with the chapters and state government bodies to combat abusive HMO practices.

Why does the ACR do this? Because through its numbers and resources the ACR can exert the leverage, the time and money necessary to effectively represent the specialty. This allows you to focus on what you do best -- diagnose and treat your patients.

The challenges for the College are complex, because the needs of patients and radiologists are many. To best represent radiology the ACR must relate to many different organizations and entities: the Congress, federal and state

agencies, other professional societies and a variety of medical providers, corporations and suppliers.

The success of the ACR and FRS programs and projects is directly linked to the tremendous effort of its members who volunteer to serve their colleagues. Volunteerism is the backbone of the society (ACR and FRS). These members are not paid for their time or effort on behalf of all members but take time away from practice and family to contribute to their specialty. Hundreds of members representing private and academic practices and representing all of the subspecialties of radiology volunteer in the vast array of college programs and committees. Chapter leaders and members alike spend time every week visiting legislators, work with insurance carriers and Medicare and developing local education programs to advance the profession. We need more volunteers both on the national and state level to continue to have future success.

There are many, many examples over the years where the ACR has had success. Just more recently the fees for mammography were at \$60.00 for screening and ACR was able through their lobbying to get them increased.

Another example: At one time radiology was being considered as a hospital service to be paid out of Medicare Part A services. This was already in the initial draft of the House Ways and Means Committee which would have had the hospital determine the portion of payments that you would receive. In other words, you would have become employees of the hospital. The ACR effectively lobbied and this was withdrawn.

FRS also does most of the above on the state level whereas ACR is representing us on the national level. Florida radiologists have their input into FRS who in turn have input into ACR at our national meeting. We have an annual council meeting which incorporates a democratic process much like the United States House of Representatives based on every hundred chapter members. We are allowed one Councilor representative from FL to ACR for every 100 FRS members. Therefore one needs to be a member of the state society to have input into ACR. This representation from FL is very important to ACR and our members.

Our lobbyist, Alison Dudley has been very effective as a watchdog before the state legislature in Tallahassee. Just this past year we had a radiologist assistant bill passed which gave proper roles and responsibilities to Radiologist Assistants and prevented them from giving interpretations and kept them from being a radiologist substitute. Some of the other issues our lobbyist has addressed in Tallahassee in the last couple of years have included PMATF repeal, mammography liability protection study, a second attempt to curb the trial bar, medical malpractice reform, et cetera.

I have lived in Tallahassee for the past 32 years. I've had the opportunity to observe first hand the successes of FRS on behalf of radiology and radiologists in FL. One good example was the 1.55% tax placed on radiologist private offices that did CT's and MRI'S. This tax money, designed to take care of the indigent, was a burden which fell only on the radiologists, no other group of physicians. This legislative activity alone cost radiologists across the state of FL in 1994 an estimated 10 million dollars and over the years between 50 and 100 million dollars. With the support of the FRS we were able to get this legislation overturned but it took several years and several appeals. The money was returned to the radiologists and my group alone received back several hundred thousand dollars.

At one time a fee cap on radiologists had been passed by the legislature in Tallahassee. The FRS was able through FRS lobbying to get the legislature to drop this the next year for radiation oncologists. It was necessary to take legal action the following year for the diagnostic radiologists. We were successful and the fee cap was dropped.

Sometimes just one legislative action in Tallahassee can affect your income by 50 to 100 thousand dollars and it becomes hard to reverse. We need FRS

FRS President's Message continued from front page

thinking about dropping their membership to retain it. To date, the membership drive has signed up 83 new members. The importance of FRS and ACR membership could not be better expressed than in the words of Dr. Charlie Williams. The value of FRS membership is clear. For our part, we will continue to articulate the message.

Other projects underway include efforts to formalize long range financial planning for the organization; and continue review of the efficacy and structure of the FRS committees as a vehicle to effect change, with an eye to optimization and energizing performance through member participation. Through the efforts of Drs. Steve Buskirk and Warren Amos we hope to increase the participation by radiation oncologists in the Society. We hope to better understand and address the needs of these members. The Mammography Section has been reenergized under the leadership of Dr. Barbara Sharp. With full support of the FRS, we hope to build an active committee of mammographers throughout the state to regularly communicate, develop, and guide ongoing efforts of the society to meet the needs of our patients and radiologists providing these services. A meeting of the mammography section is slated for the annual meeting.

The planning for the annual meeting beginning July 13, 2007 in Sarasota is largely complete. You should have received your meeting brochure that details the eminent faculty, stimulating programs, great locale, and variety of options for friendship and family fun this year's meeting promises. And that's not all. For the first time ever, a portion of the 2007 educational program has been submitted to the ABR for SAM qualification. Thanks to Dr. Lori Deitte and the Annual Meeting and Education Committee for their hard work and dedication to making this year's meeting truly a benefit of membership.

I'm looking forward to the annual meeting and seeing all of you there!

and our lobbyist to serve as watchdogs and to have their input in the hallways before it becomes a bill.

FRS represents Florida radiologists periodically before Medicare and on reimbursement issues to prevent cuts and to establish billing for new procedures. So often radiologist are not aware of the hours spent on this issue alone.

Another example of the pivotal role of the FRS in the political challenges facing Florida radiologists was regarding a resolution presented to the legislature by an orthopedist who was a Florida Medical Association Board member. This resolution said, "Be it resolved that the Florida Medical Association in cooperation with the American Medical Association encourages hospital medical staffs in the state of Florida to not require an independent interpretation for radiological diagnostic studies when that interpretation does not contribute to the management of the case as a cost containment model for the nation." In other words, radiologists would review all the films in order to find the positive finding, only to be reimbursed for a select few of the cases. Mr. Tom Greesom who at that time was the legal council for the American College of Radiology sent FRS some useful talking points and legal advice. The FRS was able to get this withdrawn. Many radiologists are unaware of all of our successes. They should not be taken for granted.

I could write a book on the successes of FRS and ACR and maybe I just did. ACR and FRS work closely together and are synergistic. There are many more successes by FRS that I haven't mentioned but I wanted to give you some key ones. We never know when the next crisis will arise but we need to be prepared.

We cannot be sure of the future that lies ahead. Costs, cutbacks, more uninsured, higher health inflation, medical liability issues, managed care organizations and disease management companies seeking control of physician decision-making, and greater competition among physicians can make the future seem cloudy at best. While the future may seem murky, I do know that investing in ACR and FRS is your best insurance policy for the future. I hope that you will continue to invest in the ACR and FRS. I truly believe it will be the wisest professional decision you will ever make. If you are unhappy with FRS get involved like I did and change the course of events! I hope this helps in your decision to maintain your membership. We need radiologists like you involved in FRS and in organized radiology.

Legal Q&A

Michael M. Raskin, M.D., J.D., FACR

Question: I understand that the ACR Standards require that I call the referring physician for every unexpected abnormality. It seems like the ACR is placing too much of a burden on radiologists. It is not possible for me to call every physician with an abnormal finding as there are not enough hours in the day. Is there any way around this?

Answer: First of all, the "Standards" were changed to ACR Practice Guideline in 2003. The preamble to the ACR Practice Guideline (available at www.acr.org) states that, "They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care." The Guideline further states that "non-routine communications be handled in a manner most likely to reach the attention of the treating or referring physician in time to provide the most benefit to the patient." The final written report is a "routine" communication. This does not mean that you must telephone every abnormality. The Guideline does not mandate or even suggest how a non-routine communication is to be handled. The emphasis should be placed on the timely receipt of the report rather than a particular method of delivery. The urgency of the findings will dictate the method of communication.

The ACR Practice Guideline for communication does not "force" the radiologist to do something that he or she should not be already doing. Radiologists face liability for inadequate communication apart from the ACR Practice Guideline. This liability arises independently of the ACR Practice Guideline and is based on reported case law going back to 1973. The courts have consistently held that the communication of a diagnosis, if it is to be beneficial, is sometimes as important as the diagnosis itself. Furthermore, the ACR guideline acknowledges that referring and treating physicians share in the responsibility of obtaining the results of imaging studies. Most important, case law has held that the ACR Guidelines are not the Standard of Care.

Take home points:

- Non-routine communication should be handled in a manner that gets the information to the physician
- Emphasis should be placed on the timely receipt of the report rather than a particular method of delivery
- Make sure you document your non-routine communication

Michael M. Raskin, MD, JD, FACR
Internal Legal Counsel, FRS

(Please submit your legal questions to drraskin@bellsouth.net)



Florida Radiology Resident Leadership Initiative: Diagnostic Radiology and Radiation Therapy

Richard M. Benator, M.D.

The FRS in conjunction with the ACR has made strides to reach out & identify individuals so that we can collectively encourage and develop Radiology Leadership in Florida.

In the recent past we have sponsored a few residents to both our statewide annual chapter meetings and to the annual ACR meetings. We are happy to report that this effort has indeed generated interest and encouraged participation, among the ranks of now active FRS members. Currently, three of our recently appointed FRS board members have been graduates of this process.

In an effort to expand this initiative to all Florida Diagnostic Radiology and Radiation Therapy residency programs, the FRS board, at its 2006 annual summer and 2007 midyear meetings, passed a set of resolutions to support this endeavor.

First, FRS Radiology Resident Representatives positions from each Florida training program have been formally designated. A PGY 2 & PGY 3 resident from each training program, are now eligible to be nominated from their respective training programs to fill these positions. It is expected that the residents will serve a two year term. During their terms, they will be invited to the FRS board meetings. They are expected to attend the annual FRS meeting and where possible participate in other activities throughout the year. They are to assist in being a liaison between the FRS and their respective Radiology training programs. They are to assist the FRS program committee in developing their Summer Radiology Resident Program at the annual FRS meeting.

For 2007, one of the two radiology representatives from each training program will now be funded up to \$1500.00 to attend the Annual ACR meeting. At this meeting, they will participate as part of the ACR Resident & Fellows Section which has a section designated on the council floor. They will also participate with their Florida delegation and caucus with it, to address issues under discussion at this meeting.

As for funding for participation at the annual FRS meeting here in Florida, the FRS will be extending free registration to all Florida radiology residents. We are also hopeful that the respective radiology training programs will assist in encouraging their residents and especially their FRS PGY 2 & 3 representatives, so that they can attend. Also, there are currently scientific poster sessions and presentations which can be given by the residents at the FRS annual meeting which can be supported by their training programs.

In conclusion, the FRS board is excited and hopeful, as recent history has shown, that our future leaders for our specialty within the state of Florida will continue to flourish from this type of leadership identification and development.

FRS Legislative and Government Relations Fellowship

John Murray, M.D.

The Resident and Fellow section of the Florida Radiological Society (FRS) is excited to announce the FRS Legislative and Government Relations Fellowship. It was recently approved at the board of directors meeting in January. The one week fellowship will begin in March 2008 and offer the resident personal exposure to the ongoing political and legislative efforts of the FRS in Tallahassee. It will provide an invaluable learning opportunity to the resident who is selected.

The goal of the fellowship will be to facilitate an understanding of state legislative and regulatory processes and the FRS's role in these matters. The resident will gain further appreciation of how governmental factors play important roles in shaping the future of Radiology and medicine in general. The fellowship will equip residents with the tools needed to advance the interest of the FRS, and hopefully encourage future participation and leadership in the FRS.

The proposed agenda includes an initial meeting with the FRS lobbyist where the resident would be briefed on the current political climate as well as historical background on the FRS's governmental activities. The resident will shadow the FRS lobbyist and when appropriate will assume duties that will contribute to the FRS's work product. The resident will observe House and Senate sessions as well as attend pertinent committee meetings. After the completion of the fellowship the resident will write an article detailing his or her experience to be submitted to the ACR for publication.

Second and third year radiology residents in the state of Florida with an interest in organized medicine will be eligible. Applications will be emailed to resident representatives at the various programs throughout the state and will be made available at the annual meeting in July. The application deadline will be October 30, 2007. The applications will be reviewed and a resident will be chosen at the winter board meeting in January. The resident and fellow section is very appreciative to the FRS for fully funding the fellowship.

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The FRS/FRBMA Annual Meeting: See You in Sarasota!

By Lori Deitte, M.D.

The FRS/FRBMA Annual Meeting will be held at the Ritz-Carlton in Sarasota on July 13-15, 2007. The program title is "Oncologic Imaging: PET-CT and Beyond". We'll kick the weekend off on Friday afternoon with a Golf Tournament followed by a Wine and Cheese reception in the Exhibit Hall.

The Program Committee has put together an exciting and dynamic meeting with an outstanding lineup of speakers, several of whom are nationally known. A few of the meeting highlights are as follows:

- Presentations on Proton Beam Therapy, PET-CT, Clinical CT Urography, Breast Cancer and New Concepts in Brain Tumor Imaging
- Legacy Lecture by Dr. Barry Katzen on "Interventional Radiology: Past, Present and Future"
- Insight into the 21st Century Challenges of Radiology Practice and Strategic Planning by Dr. Frank Lexa
- A presentation on What Separates Great Practices from the Rest by Dr. Larry Muroff
- An ACR Update and a discussion on the Role of Radiology Extenders by Dr. Charlie Williams
- The Keynote Address by Dr. Gary Dorfman from the National Cancer Institute
- A discussion of the Legal Hot Topics in Radiology by Tom Greeson, J.D.

There will be breakout sessions for the FRBMA, FRS Physics, FRS Radiation Oncology and the FRS Resident/Fellow Section. The Gold Medal Reception will be held on Saturday night.

We also have a special family event planned for Saturday. We hope that you and your family can join us in Sarasota for a weekend of fun and fellowship!



Call
813.806.1070
to Register
TODAY!

Mark your calendars for July 13-15, 2007



FAMILY EVENT Morning at the Mote! Saturday, July 14th 10:00 am



Explore the secrets of the sea at Mote Aquarium. Get up close with dolphins, sharks, manatees, and sea turtles and hands on with sting-rays, horseshoe crabs, and sea stars. Immersion cinema and the all new interactive SHARKTRACKER exhibit allow you to get high-tech and learn about the world-renowned research of Mote Marine Laboratory. Families are invited to come together for a morning of fun exploration!

Transportation will be provided from the hotel to Mote Marine Laboratory and then on to St. Armands Circle for lunch and an afternoon of shopping. Transportation will also be provided back to the hotel for those who wish to spend the afternoon relaxing by the pool or the beach.

Group ticket prices are as follows:
Adults - \$10, Children 4-12 - \$8, Children under 3 are free. Group reservations are required to receive the discounted rates. Therefore, you must pre-register for this event by July 6th.



2007 Annual Meeting of the FRS & FRBMA Program

FRIDAY, JULY 13, 2007

- 8:00am – 12:00pm FRS Board Mtg.
 10:00am – 12:30pm FRBMA Board Mtg.
 1:00pm – 6:00pm Golf Tournament
 1:00pm – 6:00pm Registration
 6:30pm – 8:30pm Wine and Cheese
 Reception in Exhibit Hall

SATURDAY, JULY 14, 2007

- 7:00am – 8:00am Registration
 7:00am – 8:00am Breakfast in Exhibit Hall
 7:45am – 8:00am Welcome Address
Philip S. Cook, M.D., FACR, FSIR

General Session: FRS/FRBMA

- 8:00am – 8:35am 21st Century Challenges to the Practice of Radiology
Frank J. Lexa, M.D., MBA
 8:35am – 9:20am What Separates the Great Practices from the Rest
Lawrence R. Muroff, M.D., FACR
 9:20am – 10:10am Strategic Planning in Radiology
Frank J. Lexa, M.D., MBA
 10:10am – 10:40am Break in Exhibit Hall
 10:40am – 10:55am Florida Legislative Update
Alison Dudley, FRS Lobbyist
 10:55am – 11:25am ACR Update
Charles D. Williams, M.D., FACR, FAAP
 11:25am – 11:40am FRS and FRBMA Presidential Addresses: Past Successes and Future Challenges
Philip S. Cook, M.D., FACR, FSIR and Charles Allan
 11:40am – 12:10pm PET Update: Today and Tomorrow
Thomas J. Yuschok, M.D.

- 10:10am – 12:10pm Resident Breakout
 12:10pm – 1:30pm Lunch in Exhibit Hall
 1:30pm – 6:00pm FRS Physics Breakout
 1:30pm – 6:00pm FRS Radiation Oncology Breakout

FRS General Session

- 1:30pm – 2:00pm Proton Beam Therapy
Nancy Price Mendenhall, M.D.
 2:00pm – 3:00pm Keynote Clinical Address: An NCI Perspective on Oncologic Imaging and Image Guided Intervention in Cancer Research and Care
Gary S. Dorfman, M.D., FACR, FSIR
 3:00pm – 3:30pm Introduction to PET-CT Imaging and Artifacts
Claudia G. Berman, M.D.

FRS General Session (Continued)

- 3:30pm – 3:45pm Break in Ballroom Foyer
 3:45pm – 4:15pm PET-CT: Staging and Re-Staging
Claudia G. Berman, M.D.
 4:15pm – 4:45pm Clinical CT Urography
Joseph G. Cernigliaro, M.D.
 4:45pm – 5:15pm Breast Imaging in the 21st Century
Michelle D. McDonough, M.D.
 5:15pm – 5:45pm New Concepts in Brain Tumor Imaging
Steven J. DePrima, M.D.
 5:45pm – 6:00pm Question and Answer Session
Faculty
 6:00pm End of FRS Session

FRBMA Breakout

- 1:30pm – 2:30pm Hot Topics in Medicare and More!
Tracy Sanders, RCC
 2:30pm – 3:15pm State and National Issues Facing Radiology
Davis W. Graham, MBA
 3:15pm – 3:30pm Question and Answer Session
Faculty
 3:30pm – 3:45pm Break in Ballroom Foyer
 3:45pm – 5:00pm Real World Recognition and Employee Retention
Lori J. Wise, RN, ABQAURP and Peggy Wagner, CRA
 5:00pm End of FRBMA Session

- 7:00pm – 9:00pm Gold Medal Reception

SUNDAY, JULY 15, 2007

General Session: FRS/FRBMA

- 7:30am – 9:00am Legacy Breakfast
 8:00am – 9:00am Legacy Lecture: Interventional Radiology: Past, Present and Future
Barry T. Katzen, M.D., FACR, FSIR
 9:00am – 9:10am The Value of Interventional Radiology: The Broad Perspective
Philip S. Cook, M.D., FACR, FSIR
 9:10am – 9:40am The Value of Interventional Radiology: Financial and Productivity Considerations
William Herald and Thomas J. Herald

General Session: FRS/FRBMA (Continued)

- 9:40am – 10:00am Workforce Issues: The Role of Radiologist Extenders
Charles D. Williams, M.D., FACR, FAAP
 9:00am – 11:15am Resident Breakout
 10:00am – 10:15am Break in Ballroom Foyer
 10:15am – 11:00am Legal Hot Topics in Radiology
Thomas W. Greeson, J.D.

- 11:00am – 11:15am FRS Business Meeting
 11:15am – 11:45am Resident Scientific Abstract Presentations
 (not accredited for AMA PRA Category 1 CreditsSM)

- 11:45am – 12:00pm Closing Remarks

12:00pm END OF PROGRAM

YES! SEND ME MORE INFORMATION

Name _____
 Degree M.D. D.O. Ph.D. P.A. R.T.
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How would you like to receive future meeting announcements?
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Once we receive your request, we will send you more information on the 2007 Annual FRS & FRBMA meeting being held July 13 - 15 at The Ritz-Carlton, Sarasota in Sarasota, Florida.

Meeting information and Registration is also available online:
www.flrad.org

PROMPT PAY, BALANCE BILLING AND DIRECT BILLING

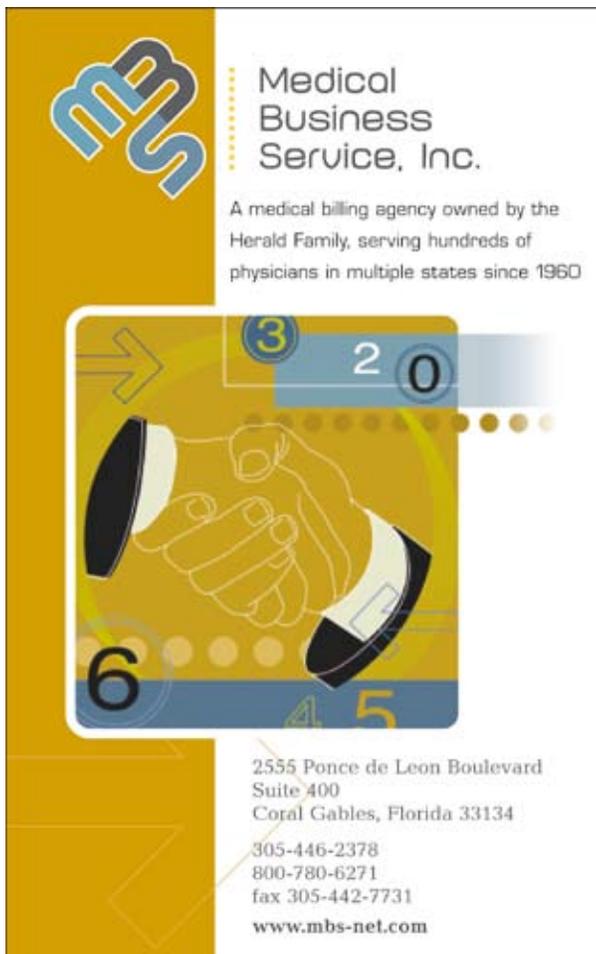
David H. Epstein, M.D.

When your or your group's billing office is attempting to renegotiate a contract with one or more insurance carriers, dropping the contract may be a useful option. Your ability to drop insurance plan contracts may be restricted by wording in the contract you have with the hospitals at which you work. Assuming that you have some freedom in this respect, there are provisions in the Florida Prompt Pay Act of 2005 (PPA) that are very important to your ability to get paid when seeing patients on plans with which you are no longer contracted. While the main focus of the PPA was to force insurers to follow a 20-day time limit to pay, deny, or contest electronic claims and a 40-day limit for paper claims, there are significant sections within PPA that clarified previous law regarding payment protocols for HMO patients when seen "out-of-network."

The primary goal of the "out-of-network" portion of the act was to assure that concerns over a patient's insurance coverage would not cause any delay in their treatment in the emergency setting. To accomplish this, a protocol was established to determine the appropriate fee for out-of-network services performed on HMO subscribers in the emergency setting. (A different section of the legislation has defined essentially the same process for PPO patients.)

The fee is to be the least of the following three options:

- a. Charges
- b. Usual and Customary (U & C) charges
- c. Any other amount mutually agreed upon before or up to 60 days after the date of service.



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While options a. and c. are easily defined, the definition for b. has proven to be very problematic. Several insurance companies have attempted (arbitrarily) to define U & C as 120% of Medicare. Others have tried to define U & C as some estimate (method of calculation unknown) of an average re-imbursalment (therefore incorrectly interpreting the intent of PP which specified U & C charges, not payments). A recent ruling by the Florida Supreme Court in the case of Westside EKG, while not clarifying the appropriate rate determination methodology, stated that the selection of 120% of Medicare was not acceptable, and that providers could bring suit against the HMO's for improper payment. Efforts by the FMA to help definitely determine a rate structure have been rebuffed by specialty groups who have hoped that leaving the formula vague increases the chances of obtaining a better level of reimbursement.

Potentially more complex issues arise when a radiology group encounters an HMO patient, outside of the emergency setting, for which they have no contract. While the same rules that apply to any other physician also apply to the radiologist, the situation can become more complicated when a patient receives a service at a hospital that is contracted with their HMO, but where the radiology group is not. First, to review the legal responsibilities that any physician encounters with respect to non-emergent out-of-network services:

1. If an HMO patient, in a non-emergency situation, goes out-of-network for covered services, and the physician is neither authorized nor referred by the HMO, the treating physician may directly bill the patient (not balance bill) for all charges.
2. If an HMO patient, in a non-emergency situation, goes out-of-network for non-covered services, and the physician is neither authorized nor referred by the HMO, the treating physician may directly bill the patient for all charges.
3. If an HMO, in a non-emergency situation, denies authorization on the basis that the service is not medically necessary, the physician may directly bill the patient for all charges.
4. If an HMO, in a non-emergency situation, denies authorization on the basis that it is not a covered service, the physician (contracted or non-contracted) may directly bill the patient for all charges.
5. However, if the non-contracted physician contacts the HMO and receives authorization for a covered service, or accepts any payment for the service, the physician may not balance bill the patient, and must accept as full the HMO payment (minus the co-payment) ¹

Where matters get potentially more complex is the scenario where an HMO patient receives a radiological service from a contracted facility, but with a plan that the radiologist does not participate in. Legally, there is no difference from the circumstances listed above, and if all criteria are met, the radiologist still has the right to directly bill the patient. However, this creates a situation where the patient has likely already received a service and only after the fact finds that they will be directly receiving a large bill for the physician component of the service. This will likely become a significant public relations “hot potato” that will be tossed between the facility, the insurance carrier, and the radiology group. This may not be a frequent occurrence, but the radiology group that is considering dropping insurance plan contracts should at least consider in advance, how it might deal with this circumstance.

¹. FMA communication, *Balance Billing of HMO Patients*, 9/12/2003.

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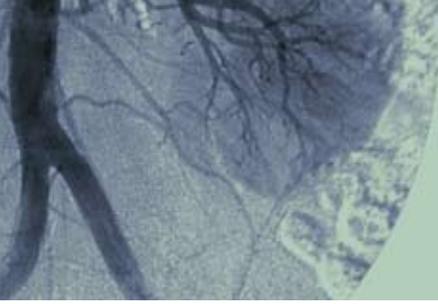
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Florida Radiological Society Mammography Committee News

Barbara L. Sharp, M.D.

Three members have joined our committee thus far. They are:

- Michael S. Levine, M.D. of Leesburg Regional Medical Center, Leesburg, FL
- Abner Martin (“Marty”) Landry, III, M.D., F.A.C.R. of Virtual Radiology, Inc. of Seminole, FL
- Anna Wilhelm, M.D., Jacksonville, FL

Dr. Mary Swain and Dr. Richard Bagby are also members.

Concerns thus far expressed by committee members are:

- 1) MQSA inspections and unrealistic and costly repetitions of application requirements.
- 2) Medicolegal implications of Computer Aided Detection.
- 3) Conversion from analog to digital mammography.
- 4) How to reach the underserved and to establish effective programs in this regard

I hope we will be able to discuss these issues at the summer FRS meeting in Sarasota. An informal meeting of these members and any other new members will be scheduled as the meeting time draws near. Please email me if you are able to attend. My email address is blsharp.sharpsack@comcast.net.

Centralized Breast Center (CBC) Significantly Reduces Wait Times And Enhances Breast Health Services for the Community of Jacksonville, Florida

The shortage of radiologists specializing in mammography and mammography technologists, plus the growing demand for breast health services, has resulted in waiting times as long as six to eight months in some parts of the state. This was the situation in Jacksonville, Florida up to this past summer. To find a solution that would shorten this wait time, Mori Bean & Brooks Radiology, P.A. (Dr. Christine Granfield) and Baptist Health Hospital System created a centralized breast center (CBC). This new model of care is a streamlined program designed for expediting the diagnostic process and improving the patient experience.

In this new model, screening mammography is offered at three Jacksonville hospitals. The images are obtained with digital mammography and are transmitted to the CBC. When a woman has a suspicious result from a screening mammogram, she is then scheduled at the CBC for further diagnostic evaluation. This “hub and spoke” model allows consultation on difficult cases between the physician mammography sub specialists who are now all in one central location. It also allows cross coverage so that on the same day additional breast imaging exams and biopsies are performed, significantly reducing wait times and patient anxiety. Staffing several mammography radiologists at the CBC makes it easier to offer comprehensive specialized studies such as MRI and MRI guided biopsies. Each woman requiring surgical intervention is assigned a breast care coordinator nurse to follow her case, who can be there to emotionally support and guide the patient and her family, from start to finish. The patients are referred back to their respective community hospital for their surgery. They are followed by a standardized tracking system at the central location to ensure continuity of care. Genetic counseling is offered at the central hospital and a weekly breast conference with telecast to the other two community hospitals ensures a team approach among all breast specialists for the patient diagnosed with breast cancer.

Workflow has been improved by this model. Four radiologists are at the CBC on any one day. Two radiologists are assigned to performing procedures and one of these physicians also reads MRI’s. Two additional radiologists are assigned to a half-day each of reading screening mammograms and a half-day each of working in the diagnostic mammography room, alternating location at midday to avoid fatigue. The “diagnostic room” is an open room with view boxes on all

Continued on Page 9

ATTENTION ALL RETIRED MEMBERS OF THE ACR AND FRS!

Dear Colleague,

Florida Radiological Society President, Philip S. Cook, MD, FACR, FSIR, is clearly stepping up to the plate to give the FRS a year of great leadership.

One of his goals is to establish a Masters Section to recoup the expertise of the senior members. He sees this as a great opportunity for retired radiologists to remain active and engage in radiology activities, renew radiology friendships, participate in social activities, mentor residents and fellows and advise FRS leadership.

Please return the form below to the FRS office to indicate your interest in becoming active in the FRS Masters Section.

- Dues: Zero!
- Must be granted retired status by the ACR
- Past or present member of FRS

We are looking forward to great Masters' participation!

Sincerely,

Chet Baran, Jr., M.D.
Paul A. Mori, Jr., M.D., FACR

FRS MASTERS SECTION

Name _____
Last First MI Degree

Specialty: _____ Date of Birth _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Fax _____

Email _____

Please return this form to the FRS office via mail, fax, or email:

FRS
5620 West Sligh Avenue
Tampa, FL 33634
FAX: 813-806-1071
email: etrombeta@flrad.org

walls, digital monitors and an alternator reserved for studies requiring ultrasounds. This allows for several (sometimes seven or more) diagnostic cases to be pending at any one time, so that technologists and physicians are not waiting while the physician is reading another case to hang their films. In the separate screening room, there are two separate stations so that while a radiologist is reading a batch of mammograms, the other monitor and alternator are prepared with comparison studies for the next round of reading.

During the past five months, wait times have been reduced to less than one week for all services. A 25% increase in revenue and number of patients seen has occurred, and annualized data projects a 50% increase in the number of cancers diagnosed this year compared to last, likely due to referrals which can now be accommodated on a timely manner.

Dr. Christine Granfield cgranfield@moribeanbrooks.com
tel. # 904-399-5550.

Dr. Barbara Sharp bsharp@moribeanbrooks.com.

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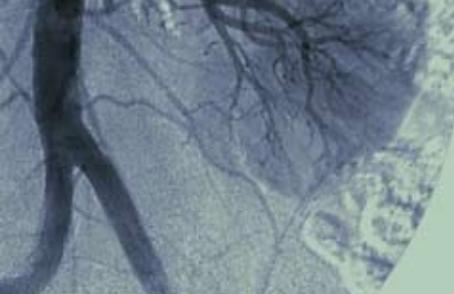
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Legislative Update

Alison Dudley, FRS Lobbyist



Tuesday, March 6th marked the beginning of the 109th Legislative Session. We began this session with the usual festivities and the opening state of the state address by new Governor Charlie Crist. On the 2nd day of the Session we already found ourselves fighting the trial attorneys in an attempt to undo the Fabre doctrine, which ensures that jury awards are fair. HB 733, by Representative Needelman was heard in Chairman Llorente's committee, House Constitution and Civil Law, and was deferred due to running out of time. The medical and business communities quickly united to work against this bill that would undo civil justice reform in Florida. The Senate companion, SB 1558 by Senator Ring, has been referred to the Judiciary committee but has not been placed on the agenda yet. This is going to be a long battle throughout the session and I may be contacting key grassroots members for their help on this issue.

In the budget process this year, there is a proposal to bring doctor's reimbursement rates from Medicaid to Medicare level. The sentiment of the House and Senate is favorable towards this concept. The challenge is going to be that it is a very tight budget year and we will have

to work hard to reach success on this issue. There is legislation going through the process by Senator Atwater and Representative Homan relating to Physician Workforce Assessment. The intent of this legislation is to track how many physicians there are currently in the state of Florida and what specialties they represent to be able to assess the State's current and future physician workforce needs, recognizing that it takes 7 to 10 years or longer for a physician to complete their training. Senator Atwater has requested our help in fine-tuning this form to make sure it captures information specific to radiologists. It is neither sponsor's intent to make this onerous or burdensome to the medical community. They are just trying to ensure that the citizens of Florida receive quality medical care.

If anyone is interested in coming to Tallahassee during the Legislative Session please feel free to contact me at (850) 556-6517 and I will assist you in setting meetings to ensure that your trip is a productive one.

Session ends May 4, 2007.

2007 MEETING EXHIBIT SPACE AVAILABLE!

LOCATION INFORMATION

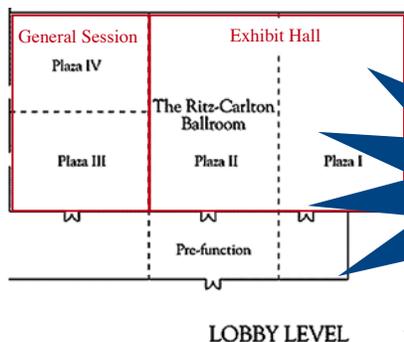
The meeting will be held at **The Ritz-Carlton, Sarasota** in Sarasota, Florida. The Exhibit area will be located in Plaza I and II ballrooms. You may also visit **The Ritz-Carlton, Sarasota** website at www.ritzcarlton.com/en/Properties/Sarasota/Default.



Hotel reservations should be made directly with **The Ritz-Carlton, Sarasota** by calling 1-800-241-3333. Discounted rates are available for all meeting participants.

BOOTH RENTAL

The exhibits will be 8' x 10' booths and will include one 8' skirted table, two chairs, one waste basket, and one 7" x 44" identification sign. Space is limited, so reserve your booth(s) soon. Booths will be assigned according to the order in which applications (in writing) are received. A diagram of the exhibit hall is directly below. Once your exhibitor application is received by the FRS, an Exhibitor Packet will be provided by Arata Expositions, Inc. The diagram of the actual booth layout will be emailed to you.



Call 813.806.1070 to Reserve Your Booth TODAY!

EXHIBIT SCHEDULE & NETWORKING OPPORTUNITIES

FRIDAY, JULY 13, 2007

- 8:00am - 6:00pm Exhibitor Setup
- 1:00pm - 6:00pm Golf Tournament
- 6:30pm - 8:30pm Wine and Cheese Reception in Exhibit Hall

SATURDAY, JULY 14, 2007

- 7:00am - 8:00am Continental Breakfast in Exhibit Hall
- 10:10am - 10:40am Break in Exhibit Hall
- 12:10pm - 1:30pm Lunch in Exhibit Hall
- 1:30pm - 3:30pm Exhibit Tear Down
- 7:00pm - 9:00pm Gold Medal Reception

SUNDAY, JULY 15, 2007

- 7:30am - 9:00am Legacy Lecture Breakfast

Plaza I and II Ballrooms



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Happiness Is In The Tail



As a kid I spent a great deal of time fishing down at the creek. Many times a great big airplane would fly over way up in the sky and I thought I would be happy if I could someday, somehow fly in one of 'em. After I got grown my wish came true. Now I fly a great deal on behalf of the American College

of Radiology as a passenger and now I look down and wish I wuz fishing in the creek.

Sometimes it's hard to explain what made the good ole days good, but over the years I often have thoughts of how happy we were in Simpler Times. Once again this put me to thinkin' and I started wonderin' what is happiness.

Happiness seems to be different things to different folks. One senior citizen thought happiness was an 87 year-old man that got married because he had to. Someone else thought happiness was taking your boss to supper and he sat down on the only stool without a top on it.

Other folks think happiness is the absence of problems. I got plenty kinfolks without any problems but most of 'em are buried at Hopewell Baptist Church in Colquitt County. Those that ain't buried seem to have their share of problems.

As I look back I remember how poor we all were, all the problems we all had and, as I recall, my folks seemed happy and no one somehow got analyzed. It seems that if you're standing under a pine tree and it's falling, you don't analyze it. You just git out of the way.

Hard times and problems seemed to bring country folks together. The happiest people didn't necessarily have the best of ever'thang. They just seemed to make the best of ever'thang.

People shared back then and people cared back then and neighbors helped neighbors and friends helped friends. Many folks seemed the happiest when their heart was beating for others.

Some folks think happiness is getting something. Some seem to think they'd be happy if they had such and such a car, a new dress, a suit, a new boat, and the list goes on. Many of us were led to believe if we'd finish college, get married, get a place in the suburbs on a half acre lot, mow grass on Saturday morning and barbecue on Saturday afternoons, we'd achieve happiness.

We set up goals or dreams in our mind that we want to arrive at. Sometimes we achieve these goals and something still seems missing. Other times we never quite reach the goals and it continues to outdistance us. Maybe, just maybe, the true joy is the trip and not the arrival and not the end.

Psychologists have said that an inner feeling of success and of accomplishment will make us a better person, a healthier person and a happier person and these intangible results are what make life livable. It is in the little pieces of accomplishments along the way that make for a happy, successful life.

Someone once told a dog that happiness was in the tail. The dog wanted happiness so badly he started chasing his tail. He went around in circles, never quite catching it.

In frustration he said, "Heck with this happiness thang. I'm going to do my own thang!" He started walking off and looked back and his tail was following him. Apparently it was not something to go after but it was one's state of mind. Abraham Lincoln once said,

"Most folks are about as happy as they make up their minds to be."

It seems to me that happiness is a journey and not a destination. The really happy man or woman is the one who can enjoy the scenery along the way, even if he or she takes the wrong road. You git to the point too quickly and it ain't much of a point, but the thangs along the way are what really count and may be better than what's at the end. It seems to me that the true joy is the trip and not what's at the end. Happiness apparently is a state of mind as we're making the trip to get to the station.

Forcing oneself to be happy don't seem like much fun. It seems to me that the happiest folks are the ones not always huntin' something to make them happy. If only we'd stop trying so hard to be happy and stop going in circles chasing our tails, we could have a pretty good time.

by Charles D. Williams, M.D., FACR

"It seems to me that happiness is a journey and not a destination."



Simpler Times



THE RESIDENT AND FELLOW SECTION: *An Invitation to Submit Papers*

by Lori Deitte, M.D.

The FLORIDA RADIOLOGICAL SOCIETY is committed to promoting an increased level of involvement in the Resident and Fellow Section.

As part of this ongoing effort, we would like to extend an invitation to all residents and fellows in Florida radiology training programs to submit a paper for publication in the FRS & FRBMA *focus*, a quarterly publication of the FRS & FRBMA. It is anticipated that one paper will be published in each FRS & FRBMA *focus* edition.

The guidelines are as follows:

- Manuscripts, figures and tables should be submitted on-line to lori.deitte@jax.ufl.edu.
- A title page should be submitted including the first and last names of the authors, academic degrees, and institutional affiliation. An address, phone number, fax number and e-mail address for the author responsible for correspondence should be included.
- The format is flexible and may include Introduction, Methods, Results and Discussion sections. Figures and tables should be numbered.
- The total manuscript length is flexible but generally should not exceed 3-4 pages (1000 – 1500 words).
- Original illustrations and figures are encouraged. Written permission to reprint in print and electronic media should be submitted for use of all previously published illustrations or figures.
- Suggested topics: practical practice related topics/clinical observations, case reports, evaluations of new technology, commentaries.

We are enthusiastic about developing the Resident and Fellow Section of the FRS & FRBMA *focus* and welcome your comments, suggestions and/or feedback via e-mail to lori.deitte@jax.ufl.edu.

WE LOOK FORWARD TO HEARING FROM YOU!

FLORIDA RADIOLOGICAL SOCIETY

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FRS & FRBMA *focus*

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See You There!