

SHARE

Using a Frontline Offense to Mitigate Your Financial Risk in Today's Sick Economy

By Bruce Nelson, Vice President, SearchAmerica, a part of Experian

It is a usual day at a hospital. A new patient enters an Emergency Room needing care for a broken arm. The treatment process begins... the registrar admits the patient, a nurse preps the receiving room, an X-ray technician readies the equipment, and the financial director sighs as he sees the hospital's finances plunge. Why? In today's economy, every patient entering their facility is more and more likely to be discharged feeling better, but leave the hospital in a weaker financial state than when they entered.

An ever growing number of today's patients are responsible to pay for a portion of their care. Many need financial assistance, charity, or a payment plan, or they may simply default on their financial obligation. The number of underinsured patients is rising rapidly to an estimated 25 million adults in the United States, an increase of 60 percent since 2003 according to a recent study by PriceWaterhouseCoopers. The result is a rise in self-pay patient population, who have become a significant piece of a hospital's revenue cycle. These individuals are often unable or unwilling to pay the high deductibles associated with their plans, leaving the hospital with increasing bad debt. Coupled with decreased financial giving and elective surgeries, the outlook is grim.

However, even in the worst of times the hospital's mission remains the same -- to care for those in need of medical treatment within their communities. Despite its financial woes, hospitals must remain viable to serve its mission.

The economy of today has resulted in capital resources vaporizing and investment income turning negative. This means budgets are stretched and many hospitals are looking to their front-end staff and systems to buffer their organization from today's financial crisis. The following are a few steps that financial executives can take to better financial health that apply to any economy, without significant cash outlay:

Step One: Diagnose or Pre-qualify the Patient

With today's frequent changes in insurance coverage (due in part to rising unemployment) and medical identity theft, hospitals need to be vigilant in attaining the most recent and accurate information on every patient.

First, hospitals need to be sure the patient is who they claim to be, and the provided coverage (if any) is valid. Then, they must understand the patient's ability to pay their bill. It may be a question not of if they can pay, but when or how they can pay. Knowing this information

at registration establishes a mutually agreed upon relationship and can protect the hospital from undue risk.

Non-emergent medical treatment now requires the hospital knowing its financial risk in serving this individual and then mitigating this risk as much as possible

Step Two: Deliver a Personalized Financial Treatment

The hospital's frontend should have a suite of payment options available that protect the hospital from accumulating bad debt. These may include pre-payment at registration (cash, credit card, or a medical care credit card plan issued by a third party), hospital approved payment plans, charity programs, and government assistance programs, among others. Especially for self-pay patients, appropriate options should be made available to ensure payment using one or multiple options.

Teaming with medical staff, frontend (Continued on Page 4)

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Chapter Officers

Vera Davenport
President
(618) 549-6212

Carmen Trump
President Elect
(217) 854-3141

Mark Dallas, CPA
Vice President
(618) 529-1040

Sharon Alfano
Secretary
(314) 432-2430

Jennifer Venable
Treasurer
(618) 436-7564

Kim Alvis
Past President
(618) 241-1218

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Mark W. Dallas
Partner

David Schnake
Partner

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www.kebcpa.com

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Loretta Duncan
Editor, Southern Illinois Chapter HFMA

lorettaduncan@hotmail.com

(618) 548-3194 ext 8147

From my desk to yours.....

I realized, after the HFMA meeting in March that I had not formally introduced myself to the chapter by way of the newsletter so here I am!!!!!!! Carmen Trump, Business Office Director, at Carlinville Area Hospital, Carlinville, IL. I have been employed by CAH for the last 28 years – I know a long long long time! On a more personal level I am married with two girls, ages 28 & 24, no grandchildren and love to golf. Now you know almost all there is on a personal level, not to exciting.



I have been filling in for Vera as acting president for the better part of the last year. Although Vera has not been able to join us physically I knew that any time during the year I could go to Vera for guidance and did so. I hope the next year is a healthy one for Vera and the Southern IL Chapter of HFMA.

The economy has affected most of us in some way or another - on a personal level and also as a chapter. Over the last couple of years we have seen our number of attendees decline as hospitals are forced to make budget cuts and it seems education is one of the first things to go. We are going to try a couple of different locations this year, one being in August. Southern Illinois Healthcare has generously agreed to host the August 20th meeting at their conference center, so keep your eyes open for details to follow. The Miners are playing ball the Wednesday evening before and we have options on some tickets at \$5.00 a seat so keep your calendar open to join us. The socials held the evening before are an excellent way to meet other members and make some great contacts. It is very beneficial to meet colleagues that you can call for advice or just to throw some ideas around.

As you know the way to make a difference is to become more involved. There are several committees that could benefit with new faces and new ideas. Please review your membership directory and see if you would like to participate on any. I have set up committee chairs and they could be contacting you for participation. Sharon Alfano is the program chair this year and has co-chairs for every meeting. The program committee's take work and commitment. We are always looking for fresh ideas and new topics. If you have an idea for a meeting please contact Sharon at sharon@consumercollection.com.

Thanks and I'll see you in August!

Using a Frontline Offense to Mitigate Your Financial Risk in Today's Sick Economy

(Continued from page 1) personnel should be able to offer patients approximate costs of proposed treatments, especially those that can be delayed or are elective. This information can change the necessary financial relationship and options available. It also empowers the patient to make educated choices on elective or optional components of their care.

Step Three: Act Quickly

Aging of accounts will worsen in re-

cessions. Collection policies and procedures should be directed at carefully segmented patient populations defined according to a patient's ability to pay their bill and its balance. In addition to frontend collections, some suggestions have included offering incentives for pre-paying or early payment of medical bills to maximize cash balances in the short term. Often the first medical bill to reach a patient may be the first one paid, hospitals should see this as a race and beat other providers to the finish line.

There is no magic to surviving in today's economy, avoiding layoffs and

the other cost cutting measures. However the hospitals frontline can minimize risk and improve cash balances if used properly. It is time to equip frontend staff with the technology and processes to identify patients quickly, assess their financial capabilities, and trigger a financial plan made to fit each unique patient.

If a hospital falls into poor financial health, its mission cannot be fulfilled. It is important to the community it serves to be diligent in protecting its financial health.

Red Flag Rules Compliance Now Standard Part of Revenue Cycle Operations

By Bruce Nelson, Vice President, Sales and Marketing,

Hospitals are working diligently on their programs to comply with the new Identity Theft Red Flags and Notices of Address Discrepancy from the Federal Trade Commission (FTC) to combat identify theft at their facilities.

However, as the details of their programs are being evaluated many questions arise:

- 1 Will our proposed program create too many false positives or 'red flags' that we cannot manage appropriately?
- 2 How should the collection of patient demographic information alter our program?
- 2 Should a red flag account be identified at patient registration or during the billing and collections processes following services?

Providers Have Assumed More Responsibility

The Red Flag Rules require healthcare organizations to properly identify patients in order to protect their identity. The FTC assures the healthcare community that the Red Flag Rules should

not prevent any organization from providing medical services to a patient. Instead, they have placed another layer of responsibility onto providers.

Some in our industry have referred to this new regulation as an "unfunded mandate" which obligates hospitals and clinics to proactively identify ID theft triggers based on FTC criteria. This new criteria may cause unnecessary triggers due to routine patient interaction. For example: a patient calls and states "I have never been to your facility." This fairly routine event according to the FTC is a Red Flag rule trigger. In this situation, after researching, the patient had a specimen taken at their doctor's office which was later ran at the hospital's lab thus creating a false positive Red Flag trigger.

Most Medical ID Theft Risk is Internal

Medical ID theft most often results from internal misuse of patient or guarantor information. This shouldn't be surprising. Retailers have known for decades that most of their shoplift-

ing incidences occur not from its shoppers, but its employees. Hospitals are not immune to this phenomenon.

The Red Flag Rules do require internal controls over staff and preventive steps to reduce the number of Red Flag alerts and identity theft cases for a hospital *before they occur*.

Storing photocopies of government IDs such as driver's licenses and Social Security cards within patient files is currently commonplace. These files can be accessible by all individuals participating in the care of the patient, including lab technicians, nursing staff, physicians, physical therapists, pharmacists and pharmacy technicians, among others. However these can be the information sources needed by identity thieves to perpetuate their crimes. This process requires review to ensure appropriate controls are in place to eliminate the temptation by internal staff.

A recommended solution to prevent internal misuse of patient information would be to automate the demographic validation process. This involves utilizing state of the art identity verification (Continued page 7)

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Board Meeting Minutes - November 19, 2008

Call to Order

Carmen Trump, President Elect called the meeting to order at 3:15 PM.

Board Members Present

Carmen Trump, Mark Dallas,, Jennifer Venable,, Gail Miesner, Kim Alvis, Greg Wright, Loretta Duncan, Marilyn Dixon and Sharon Alfano. Also present was Tim Bartels.

Approval of minutes from last meeting. Jennifer motioned to approve minutes from the last meeting, Greg seconded. Motion carried.

Committee Reports

Treasurer- Nothing reported.

Program – Mark Dallas reported the November meeting was set and stated that that there were 60 signed up for the event. Gail discussed progress for January meeting. Carmen discussed getting Blue Cross/Blue Shield Speaker for March meeting.

Membership – Wayne Corzine emailed the Board Members his report. As of October 30, 2008 there are 192 mem-

bers.

Sponsorship – Tim Bartels stated there may be one more sponsor for the Chapter-Synergy. He will follow-up.

Old Business

Casino night was discussed. The Board agreed not to charge a cover charge for the event. It was decided to do a 50/50 drawing (6 tickets for \$5.00 or 25 tickets for \$10.00. Snacks will be available instead of finger food. Tim has 5 sponsors for the drinks for \$525. Tim also solicited and procured 26 prizes for the evening from vendors. CACi is donating the music, games and staff for the event.

New Business

The Board is changing the Chapter policy regarding the Treasurer's position. Kim will get in touch with the By-Law Committee. We will have to notify National take this to the members and then have the members vote at the March meeting.

The Board discussed posting employment positions to the Website,-free for members and charging all others. Kim

will put together a policy for the Chapter.

The Board will check into a sign up sheet to put on the website for members to volunteer for committees.

Meeting dates for next year will be set up tomorrow by Sharon. She will contact ICAM about doing shared meeting.

Webinars can be offered to the members as additional educational opportunities. The Chapter will get credit for the hours of education per signed in member. Sharon will check with National to see if there is a listing. Kim will also check with HFMA in Indiana.

Loretta Duncan turned in resignation for the Newsletter. She will finish out the Chapter year. The Board discussed asking Valerie Cawvey if she will take over the position. She will also be invited to LTC in '09 if she accepts the position.

Kim motioned to adjourn , Loretta seconded. Motion carried.

Meeting Adjourned at 4:45 PM

Sharon Alfano
Secretary

Board Meeting Minutes - January 23, 2009

Call to Order

Carmen Trump,President Elect called the meeting to order at 3:14 PM. **Board Members Present**

Carmen Trump, Mark Dallas, Jennifer Venable, Gail Miesner, Kim Alvis, , Loretta Duncan, Marilyn Dixon, Elaine Matzenbacher and Sharon Alfano.

Approval of minutes from last meeting. Jennifer motioned to approve minutes from the last meeting, Carmen seconded. Motion carried.

Committee Reports

Treasurer- Jennifer reported \$34,000 in assets, \$33,819 in cash. Meeting expenses are down...we are right on budget. Educational Income is down \$5,700 due to low attendance. There was discussion on the budget for LTC (Not available) and ANI (\$8,350). The Chapter budget for 2009-2010 is due to National by 6-1-09. Mark motioned to approve report, Gail seconded. Motion carried.

Program – Mark Dallas reported the

January meeting ready and stated that that there were 45 registered for the event and 8 speakers. There was discussion why attendance is down. Possible reasons include organizations cutting back and free webinar access. All agreed that our programs offer good information to attendees. Carmen discussed sharing a meeting on September 16, 2009 with ICAN to get additional educational hours. There is a webinar in February to be announce at lunch tomorrow. Meeting dates for next year were presented. Kim suggested using the planning tool kit (Continued on page 10)

Red Flag Rules Compliance Now Standard Part of Revenue Cycle Operations

(Continued from page 4) workflow and storage solutions. Access would be controlled by user security and passwords.

Red Flags Will Be Numerous Under Current Processes

Creating too many false positives is a justifiable concern by all healthcare providers. Many every day billing questions and occurrences could be used alone to identify a Red Flag account, but would create dozens or hundreds of red flag accounts each day – the vast majority of these would not be true instances of identity theft.

For example, if a patient arrives at the Emergency Department (ED) without documentation, should this be considered a red flag account?

The answer is not a simple yes or no, but

an assessment of the demographics and what is considered normal for each facility. For example, if a facility serves a large immigrant population it will not be uncommon to encounter patients in the admissions process without documentation. In this case, this alone shouldn't constitute a Red Flag as it would create too many false positives and become burdensome for the hospitals and its patients. Instead, Ms. Lefkovitz recommends adding other criteria that would identify a Red Flag, such as billings returned to the provider by the post office as undeliverable.

The FTC is advising each provider to assess its patient populations and identify potential red flag criteria that are too commonplace to be considered an anomaly. Instead the FTC is advising providers to develop multiple criteria that must be encountered before identifying it as a red flag.

A few examples of common billing questions that may prove to be a false positive red flag are:

- 3 Billing Inquiries:
 - o Patient claims to never have been at the hospital
 - o Patient claims to have never received the medical service on the bill
 - o Dispute of a bill based on claim of identity theft
 - o Mail sent to patient repeatedly returned as undeliverable despite ongoing transactions on active account
- 4 Clinical Identifiers:
 - o Medical services are inconsistent with a diagnosis
 - o Allergies listed on chart are disputed by patient
- 5 Admissions Alerts:
 - o Patient provides insurance number but provides no insurance cards
 - o Lack of correlation between Social Security number range and date of birth
 - o Repetitive address or phone number supplied by multiple(Continued Page 10)

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Carmen Trump presented Phyllis Brad-dock with the Medal of honor. Mark Dallas receives the Silver Merit Award.

“Wish I Said Dat!”

A perfect parent is a person with excellent child-rearing theories and no actual children.

When you don’t know what your talking about, it’s hard to know when your finished.

Nowadays they say you need a special chip to put in the TV so kids can’t watch this and that. In my day, we didn’t need a chip. My mom was the chip. End of story.

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LoBo Cat



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Board Meeting Minutes

January 23, 2008 (Continued from Page 6) with National to figure out meetings. Look at changing January meeting to February.

Membership – Wayne Corzine emailed the Board Members his report. There is one new member as of February 28, 2009 giving us a total of 200 members.

Nominating - Kim announced the Nominating Committee recommended John Majchrzak, Ed Cooper and Mark Stover as Board Members to serve a two year term beginning June 1, 2009 to May 31, 2011. The Treasure position nomination is Greg Wright. Kim asked for Board approval. Loretta Duncan

made the motion to approve the nominees as presented and Carmen Trump seconded. Motion carried to approve slate of officers. Carmen will hold a membership meeting at the beginning of the afternoon session tomorrow and Kim will present nominations to membership.

New Business

The Board is changing the Chapter policy regarding the Treasurer's position. Wayne sent the By Law changes to National.

There was discussion whether Mike Kasser will be going to LTC at the Chapters expense as Regional Executive Elect.

Since Mike is the Regional Executive Elect the Chapter is responsible registration and travel. National will pick up the expense once Mike is the Regional Executive.

Carmen discussed Chapter Logo shirts and wind breakers. There will be a sign up sheet on registration table tomorrow for those interested. Carmen will place the order.

Board discussed Nationals changes to the Chapter Balanced Score Card.

A motion to Adjourn was made by Jennifer and seconded by Elaine. Motion carried

Meeting Adjourned at 4:45pm

Sharon Alfano

Red Flag Rules Compliance Now Standard Part of Revenue Cycle Operations

(Continued from Page 7) patients on financial assistance applications

- o Personal information inconsistent with information already on file

Steps to Improve Compliance

Until the Identity Theft Red Flags and Notices of Address Discrepancy, most hospitals discovered identity theft cases after medical services were rendered and the patient released. This unfortunate discovery resulted in unrecoverable expenses. Now not only will there be a loss in revenue, but potential government fines if processes are not in place and used consistently. The following are recommended steps that hospitals can use to mitigate their risk and improve their compliance with recent regulations:

Step One: Be Proactive

The FTC has mandated providers to become both proactive and reactive

in their approaches. Historically this has not been the case, and hospitals have followed-up on accounts only when their traditional billing and collection efforts failed.

Emphasis needs to be on the prevention of Red Flag instances.

To do so, providers need to establish new controls. First, they need to dramatically limit access to SSN and other patient identification information to internal and third party (e.g., collection agencies) to prevent internally generated cases. Minimizing the internal theft of medical IDs will have the most significant impact on reducing both red flag instances and losses from identity theft.

Secondly, patient folders need to be stripped of all mentions and photocopies of government IDs. This includes folders for new patients, recurring patients, and former patients.

Step Two: Involve Other Departments

Securing patient information cannot

be achieved by finance and administration alone, executives are required to monitor the Red Flag Program periodically. However, other departments need to become actively involved in the process. The following are just a few examples:

Human Resources. For hiring, payroll, credential validations, and other activities performed by this group, human resources staff have access to the identification (SSN, driver's license number, etc.) needed by identity thieves. Hospitals need to be sure this information is secure and accessed only by those that need it.

Likewise, as they hire, they should pay attention to any background checks that include identity theft citations or convictions. These individuals need to have very strict controls on their access to patient information, or no access at all, and have their activities monitored frequently.

Human Resources is usually vital in setting up permissions and access to a providers facility and systems. Administration should team with this department (Continued Page 11)

Red Flag Rules Compliance Now Standard Part of Revenue Cycle Operations

(Continued from Page 10) to create access controls that are consistently and appropriately maintained, at hiring and throughout a staff member's employment.

Lastly, as hospital personnel are oriented to the provider's policies in training sessions, they need to be come aware of the Red Flag Rules and, if appropriate, their role in compliance. This will specifically impact registration and billing staff, but all hospital staff should be aware of the need for strict controls over patient identification information.

Healthcare Information Management (HIM)/Medical Records. This department is critical for proactive reduction in identity theft and compliance with the Red Flag Rules. Its staff must work with finance and administration to identify new user permissions and controls to protect the electronic storage of government IDs in patient folders (until removed) and the secure database where they will reside. They should also review their current procedures used to detect misuse of passwords that have access to identification information.

In addition, patient folders contain identification information that will need to be removed. Medical Records is critical to performing this task as they are knowledgeable in where this information resides within the folders for current patients and in historical records that may be accessible to staff. This department is instrumental in developing the plan that will govern the information in new patient folders as well as how to 'clean' existing and former patient documentation.

Step Three: Develop Industry Best Practice

Virtually all hospitals must comply

with the Identity Theft Red Flags and Notices of Address Discrepancy. Providers should team together to share their programs and aid one another in developing best practices for those serving similar patient demographics.

Your Red Flag Policy should reflect a strong due diligence process with a goal to decrease premature filings. The following are some examples of industry best practices that hospitals are considering and/or including in their Red Flag Rules programs:

Red Flag Policy Triggers:

- 1 Differing Information. Management will be immediately notified when personal information provided by the patient is inconsistent with current patient information residing in its systems.
- 2 Altered Documents. Management will be immediately notified if a patient's identification documents appear to have been altered.
- 3 Unauthorized Charges. Management will be immediately notified when the hospital is advised of unauthorized charges applied to bank or credit/debit card accounts from their organization.
- 4 Fraud Alert. If a fraud alert is associated with a patient account, the information must be verified with the guarantor or disregarded if unable to validate.

Proactive Protection of Patient Accounts:

- 6 Website. All patient websites or portals containing patient information must be password protected.

7 Phone Inquiries. Date of birth or a SSN of the account guarantor will be verified on all inbound phone calls requesting account information.

8 Statements. Requests for medical documents and/or patient statements will only be sent to the address on record for the guarantor.

9 Physician/Health Provider Requests. These offices will be provided an identification code that will be required when requesting account information.

10 Name and Address Changes. A photo ID (for in-person requests) or the patient's date of birth and/or SSN (for phone requests) is required to change the name and/or address on a patient's account.

Payment/Refund Controls:

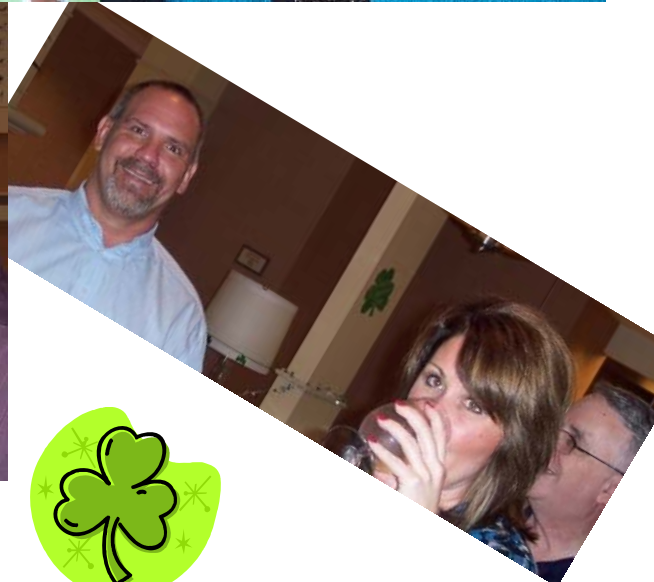
- 11 Credit Card Payments. All payments given via phone will require the 3-4 digit identification number located on the backside of the credit card.
- 12 Refunds. All patient refunds will be mailed to the address of the guarantor or refunded to the original credit/debit card used for payment.

Policy Changes:

- 13 Updates to the Red Flag Program. Management will periodically update its Red Flag Rules program based on its experience with identity theft, new methods of identity theft are discovered, and the availability of new solutions to detect, prevent, and mitigate identity theft.

For information from the FTC on the Red Flag Rules, visit www.ftc.gov, call (202) 326-3058, or email your questions to redflags@ftc.gov.

March 18th at the Four Points, Fairview Heights, before dinner at ShoGun



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Thursday February 11, 2010 - Holiday Inn, Mt. Vernon

Thursday March 18, 2010 - Four Points, Fairview Heights

Friday September 4, 2009 – Franklin County Country Club, West Frankfort, IL

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