In early March, I had the pleasure of attending the annual Legislative Day in Albany. Physicians from many regions were in attendance to discuss crucial issues concerning medical practices in this tumultuous environment.

It was exciting to see the much-needed call for Tort Reform that was introduced which would put a $250,000 cap on non-economic damages in medical malpractice lawsuits. However, it was just as disheartening to learn only a few days ago, this proposal was voted down.

Aside from the obvious benefit in a reduction of frivolous lawsuits, it also would have meant a 24% decrease in medical malpractice insurance.

Had this proposal passed, the rest of the bill would have been accepted without hesitation. In light of this latest defeat, the focus must now turn to carefully examining the rest of the issues proposed that are vital to the way we deliver patient care.

The future of beneficial Tort Reform is in our hands and I firmly believe that Tort Reform is the only way to ensure the future of our profession and for the community we serve to have access to quality medical care.

The issue of Collective Bargaining is ongoing. Anti-trust laws prevent us from collaborating with each other to negotiate rates and contracts. Without this right, insurance companies will continue to dictate how we practice medicine, further tying our hands in red tape, thereby negatively affecting patient care.

Our Medical Society offers seminars to keep its members abreast of these changes as they occur so that you may have the benefit of the most current information. Richmond County Medical Society recently hosted our First Annual Conference for Physicians. Dr. Mark Jarrett, Past President of RCMS spoke about ACOs, while several financial experts offered us an opportunity to openly discuss business and legal issues that continue to trouble us.

The Richmond County Medical Society's Annual Legislative Brunch, which will be held on Sunday, May 1, brings yet another opportunity to discuss our concerns with local politicians, and with their help, we’ll learn how we can best move forward to obtain the changes necessary for these issues and more. Physicians must speak with one voice to be heard. If your schedule allows, please, I implore you to attend the meeting and encourage your peers to attend as well. The breakfast meeting will be held at the Richmond County Country Club, 135 Flagg Place in Staten Island; beginning at 11:00 AM. All of these issues affect you directly, your direct involvement is of the utmost importance.

Our Medical Society can do great things to positively change the face of medicine today, but our voices must be heard far and wide and we can only accomplish that with a greater number of voices so I urge you to encourage your peers to become members of the Medical Society. This has been a wonderful year and I have been honored to serve as President. I’ve never been more aware of the plight of our system as during my tenure as president, which is why I’ve become more passionate than ever to motivate our elected officials towards legislative reform.

Richmond County is home to the best and brightest medical professionals in our profession. I am sending out a call to action to all of you to bring forth these issues to our political leaders so that we may continue to practice medicine as the best and the brightest, give our community access to quality, compassionate care and most importantly, serve our community with pride.
RCMS Welcomes New Members
Dr. Sergey Ayzenberg
Dr. Michael J. DeFranco
Dr. Jaime Freyie
Dr. Alecia Giovannazzo

Residents:
Dr. Srinivas Duvvuri
Dr. Telly Lim DeMesa

Reinstatements:
Dr. Marie Abdallah
Dr. Patricia Abbruna
Dr. Yorg Al Azzi
Dr. Samuel Ramesh Anandan
Dr. Swaty Arora
Dr. Nadine Azzi
Dr. Rajiv Bhatnala
Dr. Rita Choueiry
Dr. Aristotle Cochon
Dr. Bhavita Desai
Dr. Rabeek El-refadi
Dr. Sanath Gaddam
Dr. Navjot Ghotra
Dr. Hassan Hatoum
Dr. Edward Iskhakov
Dr. Ilde Manuel Lee
Dr. Sunitha Urs

Contact Us
Richmond County Medical Society
Academy of Medicine of Richmond
The Alliance with RCMS
460 Brielle Avenue
Administration Building; Room 202
Staten Island, NY 10314
phone: 718-442-7267  fax: 718-273-5306

HAVE YOU LAUGHED TODAY?

Medical Error...
At the outpatient surgery center where I work, the anesthesiologist often chatted with patients before their operations to help them relax.
One day he thought he recognized a woman as a co-worker at the VA hospital where he had trained.
When the patient confirmed that his hunch was correct, he said, “So, tell me, is the food still as bad as bad as it used to be?”
“Well, I suppose,” she replied, “I’m still cooking it.”

STD Treatment Guidelines
The Centers for Disease Control and Prevention (CDC) has announced the publication of Sexually Transmitted Diseases Treatment Guidelines—2010, which update the 2006 Guidelines, in the Centers for Disease Control and Prevention’s (CDC) December 17, 2010 issue of Morbidity and Mortality Weekly Report (MMWR) Recommendations and Reports. The Guidelines are available on the MMWR’s website and through CDC’s STD Treatment Guidelines 2010 webpage http://www.cdc.gov/std/treatment/2010/default.htm You can order hard copies of the report as well as wall charts and pocket guides.

The Award Goes To . . .

Dr. Jack D’Angelo was presented with the South Shore Democratic Club’s Humanitarian Award. Dr. Jack D’Angelo also received the 2011 Louis R. Miller Business Leadership Award.

Dr. Allan B. Perel received a Special Recognition in Neurology Award from Downstate Medical Center.

Dr. Carolyn Raia received a Community Service Award from the Eger Foundation.

Dr. James Reilly was named one of the New York Metro Area’s Top Doctors by Castle Connolly Medical, Ltd.

Dr. Sam Unterricht received a Special recognition Award, from Downstate Medical Center, as Class Representative for the First Class of the BA/MD Program. Dr. Unterricht is a member is Kings County, he served as the MSSNY Councilor to RCMS from 2002 to 2008.

If you have been honored, or know of another RCMS member who has been honored, please let us know.

A Message From The Alliance...
The Alliance would like to thank everyone who participated in our last Holiday Card drive in December 2010 for our Scholarship Fund. We all enjoyed Joan Rendell’s artwork. For the coming season we are having a contest. The winner will receive 50 blank cards with their artwork displayed for their own personal use and we will use the artwork on our holiday card for this year.

If you would like us to consider your artwork for our 2011 Holiday Card, you can email it to basje@aol.com. Please write “Holiday Card” in the subject line.

We are looking forward to your entries.

Visit www.rcms.org frequently to keep updated on Health Advisories from the NYC Department of Health

Follow this link... http://www.rcms.org/blog/latest-news/latest-news to read about Accountable Care Organizations; Clinical Integration & several other interesting articles

The Academy of Medicine of Richmond
22nd Annual Resident Research Competition

For more information Call the Academy Office at 718-442-7267
Why the other side hates to see us on your side.

- We go to bat for you and preserve your good name.
- We aggressively defend and resist any payment for frivolous claims.
- We are a tough team to beat and we don't give up.
- We have the finest defense attorneys in the State, respected medical experts, and the country's largest and most experienced claims staff.
- We are not just your liability insurer. We are your legal guardians.

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Medical Liability Mutual Insurance Company (MLMIC) is the one ally you want when you enter the courtroom and your practice and reputation are on the line. The jury may be out. But, you can feel confident, knowing you are protected by the one company that has successfully defended more New York physicians than all other insurers combined.

Exclusively endorsed by MSSNY since 1975, MLMIC is a mutual company, owned and operated by the physicians we insure. For more information and an application, call 800-275-6564 (NYC), 800-356-4056 (Syracuse), 877-777-3560 (East Meadow), or 800-635-0666 (Latham).
Stated Meeting
Immediately following the Comitia Minora meeting at approximately 9 PM on Tuesday, May 3, 2011 all members are invited to attend a stated meeting when the proposed slate of officers, for election at the June 22nd annual meeting, will be presented. The Comitia Minora will meet at 7:30 PM at the Staten Island Hilton Garden Inn and the Stated meeting will follow.

Report of the Nominating Committee
President (automatic progression)...........Giovannie Jean-Baptiste, M.D.
President Elect.........................Mark E. Carney, M.D.
Vice President.........................Vincent P. DeGennaro, M.D.
Treasurer.............................James G. Reilly, D.O.
Secretary.............................John M. Pepe, M.D.

Board of Censors
Joseph Motta, M.D. - Chairman
  Ralph K. Messo, D.O.       Vincent Calamia, M.D.
  Allan B. Perel, M.D.       George P. Smith, M.D.

Delegates to MSSNY
  Ralph K. Messo, D.O.        Deeptha Nedunchezian, M.D.
  Zoltan Brody, D.O.          Jack B. D’Angelo, M.D.

Alternate Delegates to MSSNY
  Mark E. Carney, M.D.        Allan B. Perel, M.D.
  Giovannie Jean-Baptiste, M.D. Donna P. Seminara, M.D.
  Joseph Motta, M.D.          Anthony R. Sgarlato, M.D.
  Theodore J. Strange, M.D.

Standing Committees
Legislation Chair...................Anthony R. Sgarlato, M.D.
  Co-chair..........................George P. Smith, M.D.
Public Relations Chair...........Edith Calamia, D.O.
Public Health Chair..............Judy O. Wright, M.D.
Medical Education Chair.........Academy of Medicine President
Medical Economics Chair.........Florence Shum, D.O.
  Co-Chair..........................Simon Kokkinakis, M.D.

Sub- Committees
Medical Malpractice Task Force - Sub-committee of Legislation
  Chair: Jack B. D’Angelo, M.D.
Informatics (HIT) - Sub-committee of Public Relations
  Chair: Salvatore S. Volpe, M.D.   Co-chair: John R. Maese, M.D.
Disaster Preparedness - Sub-committee of Public Health
  Chair: Mark P. Jarrett, M.D.      Co-chair: John R. Maese, M.D.

Call the Society office to add your name as a committee member.
In November, the Centers for Medicare & Medicaid Services announced that, beginning in calendar year 2012, eligible professionals who are not successful electronic prescribers based on claims submitted between January 1, 2011 – June 30, 2011, may be subject to a payment adjustment on their Medicare Part B Physician Fee Schedule (PFS) covered professional services. Section 132 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorizes CMS to apply this payment adjustment whether or not the eligible professional is planning to participate in the eRx Incentive Program.

From 2012 through 2014, the payment adjustment will increase each calendar year. In 2012, the payment adjustment for not being a successful electronic prescriber will result in an eligible professional or group practice receiving 99% of their Medicare Part B PFS amount that would otherwise apply to such services. In 2013, an eligible professional or group practice will receive 98.5% of their Medicare Part B PFS covered professional services for not being a successful electronic prescriber in 2011 or as defined in a future regulation. In 2014, the payment adjustment for not being a successful electronic prescriber is 2%, resulting in an eligible professional or group practice receiving 98% of their Medicare Part B PFS covered professional services.

The payment adjustment does not apply if <10% of an eligible professional's (or group practice's) allowed charges for the January 1, 2011 through June 30, 2011 reporting period are comprised of codes in the denominator of the 2011 eRx measure. Please note that earning an eRx incentive for 2011 will NOT necessarily exempt an eligible professional or group practice from the payment adjustment in 2012.

**How to Avoid the 2012 eRx Payment Adjustment**

**Eligible professionals** – An eligible professional can avoid the 2012 eRx Payment Adjustment if (s)he:
- Is not a physician (MD, DO, or podiatrist), nurse practitioner, or physician assistant as of Jun 30, 2011 based on primary taxonomy code in NPPES;
- Does not have prescribing privileges. Note: (S)he must report (G8644) at least one time on an eligible claim prior to 6/30/11;
- Does not have at least 100 cases containing an encounter code in the measure denominator;
- Becomes a successful e-prescriber; and
- Reports the eRx measure for at least 10 unique eRx events for patients in the denominator of the measure.

**Group Practices** - For group practices that are participating in eRx GPRO I or GPRO II during 2011, the group practice MUST become a successful e-prescriber.
- Depending on the group's size, the group practice must report the eRx measure for 75-2,500 unique eRx events for patients in the denominator of the measure.

For additional information, please visit the “Getting Started” webpage at [http://www.cms.gov/erxincentive](http://www.cms.gov/erxincentive) on the CMS website for more information; or download the *Medicare's Practical Guide to the Electronic Prescribing (eRx) Incentive Program* under Educational Resources.

**The Version 5010 Transaction Standards Deadline Is Approaching. Are You Ready?**

There are less than 10 months until all HIPAA-covered entities need to transition from Version 4010/4010A1 to Version 5010 electronic transaction standards. With the January 1, 2012, deadline quickly approaching, have you taken the necessary steps to get ready?

Unlike the current Version 4010/4010A1, Version 5010 accommodates the ICD-10 codes and must be in place first before the changeover to ICD-10 on October 1, 2013. Version 5010 has the ability to tell your practice management or other system that you are using an ICD-10 versus an ICD-9 code.

A key step in preparing your office for this upgrade is testing transactions in the new Version 5010 format. If you have not already done so, you should begin external Version 5010 testing now.

Testing transactions using Version 5010 standards will assure that you are able to send and receive compliant transactions effectively. Testing will also allow you to identify any potential issues and address them in advance of the January 1, 2012, compliance date.

Keep Up To Date on Version 5010 and ICD-10. CMS has resources to help you prepare. Visit [http://www.cms.gov/ICD10](http://www.cms.gov/ICD10) and click on “Version 5010.”
The AMA recently learned that the Center for Medicare and Medicaid Services (CMS) is pulling the controversial requirement for physician signatures on lab requisitions. The requirement was included in the Final Physician Fee Schedule Rule published in early November and was originally scheduled to go into effect on January 1. We will forward the official CMS announcement to the Federation when it is released.

**YOU HAVE IT IN YOU!**

If you have been struggling with exercise, eating well and living healthy, now is the time to change. All the tools you need are available to you at [http://statenislandslimdown.com/contest.html](http://statenislandslimdown.com/contest.html)

**REMAINDER**

Unless you are using an “encrypted” email service, it is a HIPAA violation to send patient information via e-mail.

LET US KNOW IF YOU WOULD BE INTERESTED IN PARTICIPATING IF THE MEDICAL SOCIETY PURCHASED A “SECURE” EMAIL ACCOUNT.

CONTACT TERRI AT EXECRCMS@AOL.COM

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**Save the Date**

**Richmond County Medical Society’s Annual Legislative Brunch**

*on Sunday, May 1, 2011, 11:00 AM*

*at the Richmond County Country Club*

Come, listen to and chat with your elected representatives and their challengers as they share their views on issues important to physicians and the practice of medicine.

Members & their guests: $25.00 each.
Non-members: $75 per person

For more information call 718-442-7267.

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**The Regina M. McGinn, M.D. Education Center**

Dr. Thomas McGinn, lifetime member of RCMS, at the December 14, 2010 ribbon cutting ceremony that marked the opening of the *Regina M. McGinn, M.D. Education Center* at SIUH.

Dr. Regina McGinn is credited with reforming the hospital’s internal medicine residency program. She was a member of RCMS from 1987 until her untimely death in 2001.

The McGinn Center houses a digital medical library, five conference rooms, patient simulation labs, an executive board room that doubles as an emergency command center, a 250-seat auditorium and a Diabetes Education Center.

Dr. Joseph McGinn, asked his children to join him as he gave a tear-filled tribute to his late wife.
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Form Changes; December 1, 2010
All forms can be found at www.wcb.state.ny.us
C-4.0 - minor changes to the instructions
C-4.2 - minor changes to the instructions & change from 45 day progress report to 90 days.
C-4 AMR – minor changes to the instructions
C-4 AUTH – Significant changes due to MTG
C-5 – minor changes to the instructions & change from 45 day progress report to 90 days.
C-8.1 – significant changes (a form for carriers)

Resources For Medical Providers
- Bureau of Health Management/Health Provider Administration (800) 781-2362
- Board Customer Service (877) 632-4996
- Board Fax Number (877) 533-0337
- Emailing Board Forms (see subject # 046-375) wcbclaimsfiling@wcb.state.ny.us
- Brooklyn, Manhattan, Queens District Offices (800) 877-1373

www.wcb.state.ny.us

Upcoming Events

Tuesday, April 5
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Sunday, May 1
Annual Legislative Brunch Meeting
11:30 AM
Richmond County Country Club
135 Flagg Place

Tuesday, May 3
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue
Immediately followed by a Stated meeting to announce the slate of officers for 2011-2012

Wednesday, June 1
Conference:
Accountable Care Organizations
6:00 PM Registration
6:30 PM Program
The Regina McGinn Center
at SIUH
475 Seaview Avenue
Sandwiches will be served

Tuesday, June 7
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Wednesday, June 22
Annual Meeting & Installation of Officers
Dr. Giovannie Jean-Baptiste,
President
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Tuesday, September 6
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue
At no cost to you, you are invited to join our Group Purchasing Organization (GPO), which provides services devoted to the needs of medical practices and facilities.

Medical and Pharmacy Supplies - Typically practices can expect savings of 10-50% on medical supplies for daily practice needs. In addition, our pharmacy program provides access to your everyday needs at significant savings. If, like most practices, you use one of the major medical supply companies you do not have to change your current supplier or ordering procedures to participate. On your end nothing changes except an increase in your savings.

Capital Purchases, Office Equipment - You will save on purchases of office supplies and office equipment (through Staples), computer needs (through Dell), furniture (through Steel Case, Herman Miller and Kimball) and on major capital purchases such as G.E. ultrasound machines, exam, operating, recovery room and Lab.

MedTech For Solutions Financial Services Program

· Credit and Debit Card Processing - state-of-the-art credit and debit card processing through Wells Fargo Merchant Services, a trusted financial organization and leader in payment processing services.

· Financing - in partnership with Wells Fargo Leasing and Americorp Financial we offer specialized leasing and financing programs designed for the needs of a physician practice.

· Patient Financing - through myMedicalLoan.com your patients can finance from $1,500 to $25,000 for their IVF treatment.

Overnight Shipping – our relationship with Federal Express will save you 55% or more on all of your overnight shipping.

Billing, Collection and Practice Management - maximize charges, increase collection rates, decrease denials and minimize days outstanding in accounts receivable. AthenaCollector, developed by AthenaHealth, is the state-of-the-art web based system with no upfront costs for software or hardware that can reduce your billing and practice management costs while increasing your revenue.

Maintenance and Repair – Through an agreement with Masterplan, a national vendor providing a complete range of maintenance and repair services for biomedical and imaging equipment, you can save between 6% and 8% on their extremely competitive service fees.

IT Support Services – another extension of the Staples brand is Staples Network Services by Thrive. Through Thrive, your practice will receive a dedicated team of experts, specifically assigned to you, who become your on-site and/or remote IT manager.

We are always looking for new partners to expand our GPO services and increase your opportunity to save on all the products and services needed by your practice.
Quitting Will Save Your Patients’ Lives
Tobacco use remains the leading preventable cause of death and disease in the United States. Recent studies show that brief advice from a clinician about smoking cessation yielded a 66% increase in successful quit rates. Talk to your patients. Tell them that quitting smoking is the most important step they can take to improve their health. They will listen to you.

How to Help Patients Quit*

Assist the tobacco user to:
- Set a quit date, ideally within 2 weeks.
- Remove tobacco products from the environment.
- Get support from family, friends, and coworkers.
- Review past quit attempts—what helped, what led to relapse.
- Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
- Identify reasons for quitting and benefits of quitting.

Give advice on successful quitting:
- Total abstinence is essential—not even a single puff.
- Drinking alcohol is strongly associated with relapse.
- Allowing others to smoke in the household hinders successful quitting.

Encourage use of medication:
- Recommend use of over-the-counter nicotine patch, gum, or lozenges; or give prescription for varenicline, bupropion SR, nicotine inhaler, or nasal spray, unless contraindicated.

Provide resources:
- Recommend 1-800-QUIT NOW (784-8669), the national access number to state-based quitline services.
- Refer to Web sites for free materials (www.smokefree.gov and www.shrq.gov/path/tobacco.htm).


You can quit, and I can help.

Summary of Findings from the 2010 Report of the Surgeon General

1. There is no safe level of exposure to tobacco smoke. Any exposure to tobacco smoke—even an occasional cigarette or exposure to secondhand smoke—is harmful.

2. Damage from tobacco smoke is immediate. Tobacco smoke contains more than 7,000 chemicals and chemical compounds, which reach your lungs every time you inhale. Your blood then carries the poisons to all parts of your body. These poisons damage DNA, which can lead to cancer; damage blood vessels and cause clotting, which can cause heart attacks and strokes; and damage the lungs, which can cause asthma attacks, emphysema, and chronic bronchitis.

3. Smoking longer means more damage. Both the risk and the severity of many diseases caused by smoking are directly related to how long the smoker has smoked and the number of cigarettes smoked per day.

4. Cigarettes are designed for addiction. The design and content of tobacco products make them more attractive and addictive than ever before. Nicotine addiction keeps people smoking even when they want to quit.

5. Even low levels of exposure, including exposure to secondhand tobacco smoke, are dangerous. You don’t have to be a heavy smoker or a long-time smoker to get a smoking-related disease or have a heart attack or asthma attack triggered by smoke.

6. There is no safe cigarette.
What to Tell Your Patients About Smoking and Chronic Diseases

High Blood Pressure and Heart Disease
Smoking causes dangerous plaque buildup inside your arteries. Plaque clogs and narrows your arteries. Poisons from tobacco smoke also quickly damage blood vessels and make blood more likely to clot. This can block blood flow and lead to heart attack, stroke, or even sudden death.

Quitting smoking will improve your health. After just one year your risk for a heart attack drops sharply, and even if you've already had a heart attack, you cut your risk of having another one by a third to a half if you quit smoking. Two to five years after you quit, your risk for stroke falls to about the same as a non-smoker's.

Diabetes
If you have diabetes and smoke, your risk for kidney disease is 2 to 3 times higher than if you don't smoke. Smokers with diabetes also have higher risk for heart disease and eye disease that can cause blindness, nerve damage that causes numbness, pain, weakness, and poor circulation; and amputations. You will also have more difficulty recovering from surgery.

After you quit smoking, you will have better control over your blood sugar levels. When you quit, you will be less likely to have heart or kidney disease, blindness, or amputations.

Cancer
Tobacco smoke contains toxic chemicals that can damage your DNA and lead to cancer. Nearly one-third of all cancer deaths are directly linked to smoking. Continuing to smoke weakens the cancer-fighting systems of your body. It can also interfere with your cancer treatment.

Fertility and Pregnancy
Smoking reduces a woman's chance of getting pregnant and damages DNA in sperm. Damage to sperm could decrease fertility and lead to miscarriage or birth defects. Women who smoke during pregnancy have a higher risk for pregnancy complications, delivering their babies early, and stillbirth. Their babies are more likely to have low birth weight or to die from sudden infant death syndrome, or SIDS. Tobacco smoke also damages the tissues of your unborn baby's growing brain and lungs and could interfere with the growth of the placenta, the organ that feeds the baby in the womb. This could lead to miscarriage, premature delivery, or low birth weight.

Men and women who are planning to have children should not smoke. Pregnant women should avoid exposure to secondhand smoke.

Resources for Quitting
- Call 1-800-QUIT-NOW
- Nicotine replacement or prescription drugs (www.fda.gov/ForConsumers/ConsumerUpdates/ucm198176.htm)
- www.smokefree.gov
- www.women.smokefree.gov

Most people find a combination of resources works best. Many people do not quit on their first attempt. Many smokers need several tries to successfully quit. But the benefits are well worth it. Keep trying.
Primary Care Ambulance provides emergency and non-emergency transportation in the newest fleet of vehicles on Staten Island. We provide both stretcher and wheelchair carrying vehicles for trips to doctor appointments, dialysis, and radiation centers. We specialize in inter-borough and inter-state transports. Primary Care employees are trained extensively in emergency patient care, comfort and safe driving techniques. We are proud to serve your needs.

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Samuel B. Stein
Senior Vice President
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25% of profits from The Corporate Commons will be donated to local charities through the Lois & Richard Nicotra Foundation.