

DECEMBER 2011

Magnolia minutes



A PUBLICATION OF MGMA OF MISSISSIPPI

Merry Christmas



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Message From Out-going *President*



Past-President

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*“Renewal
will now be
automated so
every member
should receive a
timely reminder
notice.”*

The past year has been a rollercoaster ride for MGMA of MS. It has, at times, been fun, sometimes frustrating, and frequently frantic. In retrospect, however, much has been accomplished by the officers and committee members of your organization. I could not have been associated with a more dedicated and professional group of people than those in the various leadership positions. To all of them I want to offer a sincere and heartfelt thanks.

After the November 2010 meeting, we focused on taking MGMA of MS to “next” level. We began with the incorporation of a new system to allow us to better manage the organization’s affairs. It has provided us with a way to more easily coordinate information flow and centralize previously disparate activities. We can now, for example, accommodate memberships on an annual basis based upon the date the member joined. Renewal will now be automated so every member should receive a timely reminder notice.

We also had to deal with the loss of two Executive Directors. We are now fortunate to have Kristina Smith working with us in that capacity. She is associated with M3Solutions, a company with many years of experience in managing organizations such as MGMA of MS. With her assistance and the leadership of the current slate of officers, committee chairs, and committee members, next year should be fantastic.

Several things stand out in our accomplishments. Sheila Harkins coordinated some really great meetings. She also introduced the ability for these meetings to provide CEU credit to ACMPE, CPA, and AAPC members who attended. The

Outreach Program under Judy Stevens’ leadership had record numbers at the meetings and was able to also offer AAPC CEU credit. Through her efforts a large number of potential members were introduced to MGMA of MS. Assisting her with Membership was Sherry Owens who provided the initiative to encourage existing members to recruit new members. Gail Lagrone with the assistance of Pam Peck exceeded all expectations for scholarship applicants. The number increased from two applicants last year to twenty-three this year. Vendor rolls were cleaned and corrected. And, new vendors were successfully recruited through the efforts of Emily Lewis with the assistance of Patty Byers. It has been a very successful year.

New relationships were established. Through the encouragement of MGMA of MS, Blue Cross restarted its advisory committee consisting of medical office personnel in the State. Also, the Mississippi State Medical Association established a permanent position on its CAP committee for a member of MGMA of MS, which will be the past-past-president.

The medical environment is changing. We will be facing continued acquisition of practices by hospitals. And, we will be looking at new payment methodologies. As always, Tony Palazzo will be there to provide insight into the legislative issues as they arise. At this point, I am not sure that anyone knows what the future will hold. However, one thing can be certain; MGMA of MS will be there to assist in sorting through the barrage of changes we as a community will face.

Thank you for your fantastic support this past year.

HEALTH INSURANCE CLAIM FORM

INSURANCE FORUM
Friday, February 24, 2012
Hinds Community College
Technical Bldg.
Pearl, MS
(Registration soon to come)

Magnolia Minutes
MGMA of MS, 313 Telly Rd #68, Picayune, MS 39466

Magnolia Minutes is published quarterly by the Medical Group Management Association of Mississippi and addresses both issues facing medical group managers practicing in Mississippi and broader issues facing medical practices nationwide.

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Submission of articles for publication is encouraged. Views of contributing authors do not necessarily represent the position of MGMA of MS.

To add names to our mailing list, or to submit an article for print, please email a request to Executive Director-Kristina Smith, at info@mgmams.com or call (601)569-6659.



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Message From *The President*



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I am so fortunate to be part of such a great organization associated with some of the most talented leaders in our state. Medical Group Management Association of Mississippi (MGMA of MS) has close to 260 members including administrators, office managers, and group practice CEOs. We represent single and multi-specialty clinics ranging from Anesthesia to Urology.

MGMA of MS is an affiliate of the Medical Group Management Association, a nonprofit organization, with the headquarters in Denver, Colorado. Since 1926, MGMA has delivered networking, professional education and resources, and political advocacy for medical practice management. Within the state organization structure, we have a volunteer army with a wealth of information and desire to reach out to you and to improve medical care within our state. I would like to share with you our incoming Board and Committee members:

Executive Board

Will Wood	President-Elect
Mechelle Duckworth	Treasurer
Judy Stevens	Secretary
Harold Ingram	Past-President

Committee Chairpersons

Joy Hamilton Yates	National & ACMPE Representative
Sherry Owens	Outreach
Emily Lewis	Exhibitor Liaison
Patty Byers	Exhibitor Liaison (co-chair)
Tony Palazzo	Legislative Liaison
Carlton Ingram	Information Technology
Gail LaGrone	Education & Scholarship
Pam Peck	Education & Scholarship (co-chair)
John Moore	Medicare Advisory Representative

Advisory Board

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John Moore
Neidra Brandenburg
Janice Kay
Debbie Funck

In 2012, we will be faced with what I like to call “opportunities for success!” Although CMS recently announced a 90-day enforcement delay, practices are strongly encouraged to continue their Version 5010 preparations, including upgrading or replacing practice management system software, testing with clearinghouses and health plans, and developing appropriate contingency plans, should one be needed. Practices not ready to submit Version 5010 claims on January 1 risk payment disruption.

Version 5010 expands the diagnostic field size to accommodate ICD-10-CM codes. The version

indicator that distinguishes ICD-9-CM and ICD-10-CM codes includes format changes increasing the number of diagnosis codes allowed on one claim and will also recognize and distinguish between the old and new codes. This will help with dilemmas of billing the dual code sets.

As we are publishing this newsletter, we are told that the Senate passed legislation by a vote of 89-10 to postpone the pending 27.4 percent Medicare payment cut to physicians until March 1, 2012 and provide a two-month extension for expiring tax and unemployment provisions. This means that the recent House-passed legislation that included a two-year delay of the sustainable growth rate (SGR) payment cuts and a 1 percent payment increase in Medicare physician reimbursement in 2012 and 2013 has been rejected and, again, we will have another year of not knowing from month to month how we will be reimbursed for the services our facilities perform.

I could go on and on about the changes coming our way where we will need to continually educate ourselves and staff. What better way to keep abreast of these never ending changes than through an organization that is our number one advocate and resource? Our continuing goal at MGMA of MS is to provide the educational tools for you to accomplish this!

This past year on top of our Continuing Education Units (CEUs) for the American College of Medical Practice Executives we were able to add CEUs for both the American Academy of Professional Coders and the MS State Board of Certified Public Accountants. The more members we represent the greater audience we will have for educational programs and opportunities. Although MGMA of MS strives to give its members the facts rather than advice about political issues, the larger our membership base the more impact we have on political goals that are common to us all. Help support our Membership Drive by bringing non-members to our meetings. Educate them on the benefits of being a member and participating in MGMA of MS. Kristina Smith, MGMA of MS Executive Director, can provide you with brochures to assist with your recruiting efforts.

The MGMA of MS Outreach Committee continues to do a fantastic job reaching out to members and their employees on “Hot Topics” where quick, updated information is needed. The Committee’s statewide regional approach provides face to face information in a convenient fashion. Our only struggle has been location size due to the overwhelming success of these meetings. I would like to take the time to thank our volunteer Committee Members who make these meetings happen and the speakers who make the meeting possible.

I cannot begin to give accolades to every deserving

person in this newsletter, there is just not enough paper, but I can't close without thanking our Vendors who are always ready to support our organization in routine annual events and those special events that come along each and every year. The Vendor Committee has been the root of this success. We will see what I believe to be a change with significant positive impact by adding a Vendor as a non-voting member to our Vendor Committee this year. This idea has been tossed around for a few years and finally "gelled" after hearing from other State Chapter Leaders how successful this has been in their states.

Because of the dedication of those before me, we have seen tremendous changes in streamlining the organizational process within the State Organization, monitoring tools for budgeting, and improved communication through our new website and Affiniscape tools. If you have not done so, please take the time to go online and update your personal information (www.mgmams.com). It is important that you reap all the benefits of your membership and you can only do so if we have current contact information for you. When you go online, please make sure you have the correct contact information for MGMA of MS.

Thank you for your support of MGMA of MS and the faith you have put in me as your President. I look forward to an exciting year. If you need me, my cell phone is 601.278.0578 and my email address is: sharkins@eyegroupms.com

Thank you.

*Please
welcome
our new
addition to
the Executive
Board*



Judy Stevens, CPC

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Message From *President-Elect* *Managing Your “Webutation”*



President-Elect
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*“Physicians who
are not in tune with
their “webutation”
are at a growing
disadvantage in
today’s technology-
driven society.”*

If you’ve never heard of “webutation”, it’s time that you get familiar with the term and its influence on how patients find you – and whether they stay with you. Your “webutation” is your reputation online, and it’s constantly evolving.

While word-of-mouth marketing still holds ground, many patients take to the World Wide Web to find their doctor just as they have been doing for restaurants, hotels and other businesses for years. Even if a friend or neighbor refers them, it’s unusual for prospective patients to not look up facts about the doctor online. With the growing popularity of review websites – from restaurants to home repair – people are growing accustomed to seeking, finding and writing online reviews. When it comes to physicians, many potential new patients want to read first-hand information from other patients about you: what they liked and didn’t like.

Patients increasingly go online to assess and compare physicians – either to make a choice or to confirm someone else’s recommendation. They want to get a feel for the physician before they meet in person.

Physicians who are not in tune with their “webutation” are at a growing disadvantage in today’s technology-driven society. Take these steps to be aware of – and manage – your online reputation.

Google yourself. Take the time to see what is being said about you online. If it takes your breath away, don’t despair. It’s well known that unhappy patients will do their best to spread the ill will they feel about a practice. Knowledge, however, is power.

Assess negative reviews. When you find reviews of your practice, read carefully to make sure they are accurate – that is, not talking about another physician. If so, contact the website hosting the ratings – they won’t do anything about negative reviews, but you may have luck getting them to remove a review containing inaccurate information. Depending on the forum, you may be able to post a response but be careful what you say. On most ratings websites, responses are likely posted for all to see so do not include any details in a response that would breach patient confidentiality. Using a defensive or condescending tone will turn off other potential patients. Ask someone else – a staff member or friend – to review your replies before they are posted. Unless it’s a clear case of incorrect facts, it’s better to just leave the negative review alone. There’s little to be gained by lashing out online, as mudslinging simply lowers you to the level of the complaining patient who posted the review. Importantly, use the opportunity to make sure the address, phone number and link to your website are ac-

curate. Upload a picture, description, quote, or any additional information the online provider allows. Finally, do some soul searching. If patients are complaining about long wait times, this may be the push you need to make some concrete changes to your practice.

Don’t “Astroturf”. If you’re concerned with the results of your search, don’t start writing your own reviews. “Astroturfing,” as the name implies, is posting artificial reviews about yourself. It’s totally inappropriate, and you may find yourself in some legal trouble, as did some plastic surgeons involved with a company that was found to be instructing employees to create and post positive “patient” reviews about its services.

Dilute. Because patients who have negative experiences are much more likely to go online than those who are satisfied, you should try to even the playing field a bit. There’s nothing unethical about making patients aware of the opportunity to post an online review of your practice. Type up the instructions for posting reviews to Google, Yahoo!, Yelp, and Bing, for example, and give them to patients who offer a verbal compliment. Offer your sincere appreciation for the compliment and ask them to share their story online. Or, give the instructions to all patients, encouraging them to post their reviews. (It might be better for your staff to communicate the instructions if you sense patients would feel pressured by your request.) You can marshal support from established patients – and help their waiting time go a bit faster – by queuing up a computer in the reception area, or handing them a laptop with wireless Web access, with bookmarks for consumer ratings websites already set up on the Web browser. Even if it takes a bit of effort to distribute the information, remember that each positive post is free advertising.

Sign up for Google alerts. This free service from Google automatically sends you an email any time your name is mentioned online – in any context. You can also get daily or weekly digests. Although it may not catch every website and you may get a few misdirected emails – I share my name with someone who was on the reality series, Big Brother, for example – it’s worth the time to review Google alerts to know exactly what is being said about you. Your webutation is dynamic, so it pays to stay current with the information being said about you, regardless of where on the Web it is said.

Establish an online presence. Launch a Facebook business page; note that this is different from your personal page. At a minimum, this gives patients your contact information and directions, with a link back to your website. (For a good example, see urologist Dr. Neil

Baum's Facebook page.) If Facebook doesn't float your boat, try using YouTube. Make a short video offering a virtual tour of your practice (click here for an example), or post a video describing your practice and its philosophy. Try uploading a video in which you give post-operative instructions: it's an excellent (and free!) way to reiterate advice to patients, and a great way to dip your toe in the water of 21st century technology. (Click here for an example.) LinkedIn offers valuable professional connections, including a great forum to post jobs and attract candidates for employment; if you can dedicate the time, Twitter is a useful tool to attract and retain patient "followers".

Develop a QR code. You may have seen these new square barcodes in magazines and on signs – a quick response (QR) code is a two-dimensional image that can be scanned by a smartphone's camera. The viewer is transferred to a website, a display of contact information such as phone number, address or map, or details about a promotional event such as a community health fair. Developing a QR code takes seconds, and it's free at online generators like Kaywa, Delivr and QR Stuff. Consider printing QR codes on business cards, signs and brochures to link patients to your website, or develop a series of QR codes to track how many people are using the codes in order to determine the efficacy of various marketing efforts. (Use an online generator that provides analytics and tracking. Be sure to evaluate and compare the cost of this additional feature.) It may be helpful to include brief instructions under the code telling people, "Scan me with your smartphone!" and/or where they can get scanner apps. As QR codes become mainstream, knowing how to implement and use QR codes successfully will keep your brand on the cutting edge of marketing – and technology.

If you're anxious to manage your webputation, but don't want to do it yourself, there are vendors that specialize in this function. Look for one that focuses on health care, as your profession is unique. Search for a vendor that can deliver search engine optimization; track and report reviews; and aggregate and funnel incoming reviews to third-party sites. Avoid vendors that promise too-good-to-be true results or ask to be paid per positive review because they may be engaging in "Astroturfing" (see above).

Simply knowing your online reputation is the first step. That understanding opens the door to taking control of it and using the available opportunities to grow your practice's "webputation" into one that you can be proud of.

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WOW! WHAT A STELLAR YEAR!

Gail LaGrone, CMM, RMC
Education and Scholarship Chairman

This year MGMA of Mississippi was pleased and honored to present scholarship awards to three very deserving individuals, chosen from a field of 20 qualified applicants out of 23 applications received. The applications our committee received for 2011 were very impressive, and having to narrow the choices to three was not an easy task. The first two years that our state chapter awarded scholarship money, we had only 4 applications in those two years. Three applicants out of the four qualified so those three received awards. Comparing those 2 years to this year, WOW! WHAT A STELLAR YEAR!

The recipients for 2011 were Heath Carroll of Vicksburg, MS, Jennifer Heindl of Ocean Springs, and Whitney Roberson of Cleveland, MS.

Heath is a senior at Mississippi State pursuing a Bachelor's Degree in Business, majoring in Health Care Administration. His GPA, references, and resume were all very outstanding and his cover letter was impressive as well. While finishing his degree, Heath's plans are to serve an internship in healthcare, and upon graduation to pursue a full-time job in medical management. Heath was able to accept his scholarship award in person at our November meeting and also, along with his date, joined us for lunch.

Jennifer, at the time of her application, was working 2 jobs in the health-care field. Her plan is to complete her RN certification, and eventually become a Nurse Practitioner. Jennifer received a degree in Radiology Technology from Hinds Community College. Her transcripts, references and having worked for a medical management organization all demonstrate her desire to achieve her goals. She immensely enjoys working in the medical field and has a passion for taking care of her patients. Her knowledge of the management and clinical side of a practice will help to make her a very valuable asset in any medical practice. Preference was also added to Jennifer's selection based on a first-degree relative who is a member of MGMA of MS.



One of the three scholarship winners, Heath Carroll with MGMA of MS Education & Scholarship chair Gail Lagrone and co-chair Pam Peck

Whitney is currently working and attending MUW, as she was accepted unconditionally to their Master of Science in nursing program. Her work ethics, leadership, and organizational skills have impressed all of her instructors, co-workers, and supervisors. Whitney has also proven to be a very effective communicator during stressful situations. Her approach is very professional and considerate while maintaining the necessary level of assertiveness needed for each individual situation.

The criteria used to select recipients were approved by the Executive Board in 2008. The application and the filing process can be found on the MGMA website, which is generally updated in mid-January with new deadline filing dates and any other changes deemed necessary.

My Co-Chair, Pam Peck, and I are looking forward to planning for the coming year.

We wish everyone a Happy and Prosperous New Year.



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New Case Highlights Importance of FMV Analysis in Physician-Hospital Ventures



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In 2010, Bradford Regional Medical Center learned the dangers of the integration of physician owned ancillary business with hospital healthcare. The United States District Court in Pennsylvania held that a direct financial relationship existed between the medical center and physicians relating to a subleasing arrangement for a nuclear camera which violated the False Claims Act, the Anti-kickback Statute, and the Stark law. Two physicians, Dr. Vaccaro and Dr. Saleh, routinely referred patients to Bradford for nuclear imaging until obtaining their own camera. Bradford faced a significant loss of revenue, as the physicians no longer needed to refer their patients to the hospital for imaging.

To combat its potential deficit, Bradford threatened to revoke the doctors' hospital privileges. In compromise, the parties began a joint venture in which Bradford would pay V & S Medical Associates, LLC (owned by the physicians), for each diagnostic test administered to Bradford's patients. Bradford then would bill the individual patient for each service. In addition, Bradford agreed to sublease the nuclear camera from the physicians for five years; in exchange, the physicians would not own or operate a competing outpatient diagnostic imaging services center within thirty miles of the hospital.

Under the Stark law, if a physician has a financial relationship with an entity, then the physician may not make referrals for designated health services which payment will be rendered under Medicare. A financial relationship exists where there is remuneration, direct or indirect, in cash or in kind. The court found a direct financial relationship based upon payments by Bradford to the two physicians for the sublease of the nuclear camera. Although the payments were made to the LLC and not to the doctors individually, the payments for the camera relieved the physicians' personal liability for the equipment cost. In addition, the court found an indirect relationship in the aggregate compensation received by the doctors

that takes into account the volume or value of anticipated referrals generated by the doctors for Bradford.

After determining that a financial relationship exists, the court examined the applicability of an exception. In order to be covered by any exception to the Stark law, the physicians must meet two criteria: the compensation must be based on fair market value and the agreement must be in writing, signed by the parties, and specify the services, equipment, or premises involved. The court found that the compensation Bradford paid to the physicians was not fair market value as it depends on the volume of patients referred for diagnostic tests. In addition, the court found that the signed lease agreement only specified the camera and did not cover a subsequent camera subleased by the hospital. Therefore, Bradford's financial relationship was not covered by any exception to Stark.

Ultimately, the court found that Bradford, Dr. Vaccaro, and Dr. Saleh knowingly violated the Stark law and Anti-kickback Statute by entering into the equipment sublease, which contained a non-compete payment roughly equal to the referral business Bradford would get from the physicians and the business the physicians would lose from abandoning its own camera.

Physicians entering into arrangements with hospitals for leasing of space or equipment should ensure that any compensation is for fair market value. As the case with the physicians in Pennsylvania shows, failure to do so can lead to trouble that far exceeds the benefit of the deal.

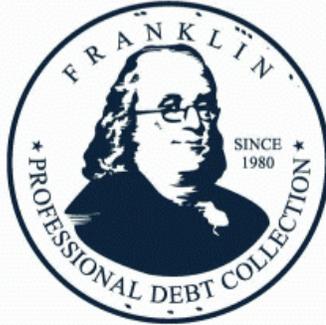
Richard D. Sanders, Esq. is the President of The Sanders Law Firm, P.C. in Birmingham and Atlanta. The firm specializes in representing physicians in corporate and regulatory matters. He can be reached at rsanders@southernhealthlawyers.com or (205) 930-4289. Special thanks to Elizabeth Huffman, a third-year student at the Cumberland School of Law, for her assistance in drafting this article.

Fall Meeting

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November 10 -11, 2011



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