

# THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO (AMCNO) PRACTICE MANAGEMENT MATTERS

Summer Edition 2009

## Medicare

### New Medicare Enrollment Rules

Beginning in April 2009 the effective date of Medicare billing privileges for newly enrolled physicians became the later of the following: the date of filing or the date they first began furnishing services at a new practice location. Note: The date of filing for Internet-based Provider Enrollment, Chain and Ownership System (PECOS) applications for physicians is the date that PalmettoGBA received an electronic version of the enrollment application and a signed certification statement that were both processed to completion. Physicians may, however, retrospectively bill for services when:

1. The supplier has met all program requirements, including state licensure requirements, and
2. The services were provided at the enrolled practice location for up to
  - 30 days prior to their effective date if circumstances precluded enrollment in advance of providing services to Medicare beneficiaries, or
  - 90 days prior to their effective date if a Presidentially-declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. §§5121-5206 (Stafford Act) precluded enrollment in advance of providing services to Medicare beneficiaries.

### Timeframes for reporting changes of information:

Physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians, nutrition professionals consisting of any of the categories of individuals identified in this paragraph; the following changes must be reported within 30 days:

1. A change of ownership;
2. A final adverse action;
  - Final adverse action means one or more of the following actions:
    - a. A Medicare-imposed revocation of any Medicare billing privileges;
    - b. Suspension or revocation of a license to provide health care by any State licensing authority;
    - c. Revocation or suspension by an accreditation organization;
    - d. A conviction of a federal or state felony offense with in the last 10 years preceding enrollment, revalidation, or re-enrollment; or
    - e. An exclusion or debarment from participation in a Federal or State health care program.
    - f. A change in practice location.

**In this issue** – AMCNO is offering two important seminars for physicians and practice managers in the coming months. One will address the Recovery Audit Contractors and the other is our yearly Solving the Third Party Payor Puzzle Seminar. See inside for details on both sessions!!

If a physician does not comply with the reporting requirements relating to, respectively, final adverse actions and practice location changes, the physician may be assessed an overpayment back to the date of the final adverse action or change in practice location.

For a more comprehensive explanation of the changes, go to [www.cms.hhs.gov/MLNMattersArticles/downloads/MM6310.pdf](http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6310.pdf)

### **Center for Medicare and Medicaid Services (CMS) Offers Comments on HIPAA 5010**

CMS would like physicians to start using claims processing programs with the 5010 standard during 2011, before the 2012 deadline if possible. The 5010 standard includes improvements on the current 4010A1 standard used for HIPAA compliant electronic transfers of claims data. The new 5010 standard will incorporate more than 500 change requests and is required to implement the ICD-10 switch.

The timeline to the 5010 HIPAA standard is as follows:

- Jan. 1, 2009-Dec.31, 2009 – Vendors develop claims processing and practice management software and upgrades. Now is the time to contact your vendor and prepare for the transition.
- Jan. 1, 2010-Dec. 31, 2010 – Vendors and carriers will test their 5010 software and systems.
- Jan. 1, 2011-Dec. 31, 2011 – Medicare will accept electronic claims submitted with 5010 and the current 4010 HIPAA standards. This is the time to test the new upgrades.
- Jan. 1, 2012 – Your carrier will no longer accept claims submitted using the 4010 standards.
- Oct. 1, 2013 – CMS switches to the ICD-10 diagnosis code set.

For more information on the 5010 transition to go: [www.cms.hhs.gov/ElectronicBillingEDITrans/19\\_5010Do.asp](http://www.cms.hhs.gov/ElectronicBillingEDITrans/19_5010Do.asp)

### **PalmettoGBA Offers an Introductory Overview of the HIPAA 5010**

The implementation of HIPAA 5010 presents substantial changes in the content of the data to be submitted with claims as well as the data available to physicians and office staff in response to electronic inquiries. The implementation will require changes to the software, systems, and perhaps procedures that are now used for billing Medicare and other payers, so it is extremely important that physicians are aware of these HIPAA changes and plan for their implementation. To view these changes go to:

<http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Ohio%20Part%20B%20Carrier~EDI~General~An%20Introductory%20Overview%20of%20the%20HIPAA%205010?opendocument>

### **Medicare Participating Physicians Directory (MEDPARD)**

The Medicare Participating Physicians Directory (MEDPARD) containing the listing of names, addresses, phone number and specialties of all participating providers within the Medicare Part B Program is now available via the Palmetto GBA Web site. To obtain a copy go to <http://www.palmettogba.com>

### **Provider Enrollment Applications: New Status Tool Available**

Palmetto GBA has announced that a new online tool is available where a physician's office can now access the status of their submitted provider enrollment application (CMS-855 form) via the Palmetto GBA Web site. The Provider Enrollment Application Status Lookup tool will tell you if your application is open (received and pending) or closed (completed or returned for more information). For more information go to <http://www.plamettogba.com>

### **Medical Mutual Aligns SuperMed Network**

Medical Mutual of Ohio (MMO) has moved to a single name for its provider network in five states, including Ohio. Members now have access to care through their multi-state service area via the SuperMed network. The new SuperMed network logo will be on their member ID cards for all of their affiliates, including Medical Mutual of Ohio, Carolina Care Plan and Consumer's Life Insurance Company. SuperMed will be displayed on the front of the ID cards with a plan type indicator and information describing the member's coverage. Over the next year, new ID cards will be issued to MMO employer groups at the time of plan renewal. During the transition period, MMO advises physicians to submit claims as directed by the member's ID card to ensure timely processing.

### **UnitedHealthCare (UHC) to launch Provider Advocate Program in Northern Ohio**

UHC has adopted a more decentralized approach to customer service, and they are currently implementing local Provider Advocates around the state of Ohio. Provider Advocates are currently working in the Cincinnati and Dayton areas. Expansion of provider advocates in the Cleveland area is expected in the next few months. In addition to troubleshooting difficult claim issues, Provider Advocates are charged with providing education and training on plan processes in order to assist the physician in understanding new advancements to plan programs, better understanding of billing and claim procedures and new and provider service enhancements in development.

As UnitedHealthcare rolls out the new Provider Advocacy Program, physician offices in Ohio can expect to see a Physician Advocate visiting the office to ask, "What can I do to help?" Provider Advocates will work primarily with the practice manager to assist with reducing administrative burden, but will be available to anyone in the office who needs assistance or training.

UHC is working to build a clinical and business relationship with physicians and their staffs to facilitate optimal health status for its' members. Through this relationship they plan to help with resolution of outstanding claims issues; training staff to utilize United's on-line tools to streamline administrative tasks; educating new providers on billing and reimbursement practices; and conducting periodic training programs. UHC's goal is to build relationships and drive simplicity in their interactions with physician offices - promoting timely, accurate and fair payment. UHC representatives are currently meeting with the AMCNO on the rollout of the Provider Advocate program in Northern Ohio. Watch for updates from the AMCNO on this program in the near future.

### NEWS YOU CAN USE

### **RED FLAGS RULE COMPLIANCE DATE CHANGED**

#### **"Red flags" rule compliance date moved up to August 1, 2009**

Physician practices now have until Aug. 1 to comply with the Federal Trade Commission's (FTC) "red flags" rule, which requires physicians to institute policies to identify, detect and respond to potential risks of identity theft. The rule originally was to have taken effect May 1, but the FTC voted April 30 to delay the compliance date for three months.

A news release sent out by The Federal Trade Commission stated that the FTC will delay enforcement of the new “Red Flags Rule” until August 1, 2009, to give creditors and financial institutions more time to develop and implement written identity theft prevention programs. For entities that have a low risk of identity theft, such as businesses that know their customers personally, the Commission will soon release a template to help them comply with the law. The announcement does not affect other federal agencies’ enforcement of the original November 1, 2008 compliance deadline for institutions subject to their oversight.

In a statement FTC Chairman Leibowitz noted that “given the ongoing debate about whether Congress wrote this provision too broadly, delaying enforcement of the Red Flags Rule will allow industries and associations to share guidance with their members, provide low-risk entities an opportunity to use the template in developing their programs, and give Congress time to consider the issue further.”

The Fair and Accurate Credit Transactions Act of 2003 (FACTA) directed financial regulatory agencies, including the FTC, to promulgate rules requiring “creditors” and “financial institutions” with covered accounts to implement programs to identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft. FACTA’s definition of “creditor” applies to any entity that regularly extends or renews credit – or arranges for others to do so – and includes all entities that regularly permit deferred payments for goods or services. Accepting credit cards as a form of payment does not, by itself, make an entity a creditor. Some examples of creditors are finance companies; automobile dealers that provide or arrange financing; mortgage brokers; utility companies; telecommunications companies; non-profit and government entities that defer payment for goods or services; and businesses that provide services and bill later, including many lawyers, doctors, and other professionals. “Financial institutions” include entities that offer accounts that enable consumers to write checks or make payments to third parties through other means, such as other negotiable instruments or telephone transfers.

The AMCNO sent out detailed information regarding compliance with the Red Flags Rule that was to become effective on May 1, 2009 in the Spring 2009 Practice Management Matters newsletter. Physician offices are urged to retain this information or, to obtain a copy go to the AMCNO website: [www.amcnoma.org](http://www.amcnoma.org) and access “information on red flag rules” within the Practice Management link.

Additional information is also available on the FTC web site at [www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm](http://www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm), and at another link on the FTC site at [www.ftc.gov/redflagsrule](http://www.ftc.gov/redflagsrule). The FTC is currently working on a compliance template and the AMCNO will inform our members as soon as that information becomes available on their site.

### **Center for Disease Control (CDC) Provides Up to the Minute Information on the Human Swine Influenza Investigation**

**As new information becomes available, the information and guidance for the Swine Influenza outbreak is being updated frequently and posted on the CDC Swine Influenza (Swine Flu) website at: <http://www.cdc.gov/swineflu/>**

The CDC has reported that the viruses contain a unique combination of gene segments that have not been reported previously among swine or human influenza viruses in the U.S. or elsewhere. At this time, CDC recommends the use of oseltamivir or zanamivir for the treatment of infection with swine influenza viruses. The H1N1 viruses are resistant to amantadine and rimantadine but not to oseltamivir or zanamivir. It is not anticipated that the seasonal influenza vaccine will provide protection against the swine flu H1N1 viruses.

CDC has also been working closely with public health officials in Mexico, Canada and the World Health Organization (WHO). Mexican public health authorities have reported increased levels of respiratory disease, including reports of severe pneumonia cases and deaths, in recent weeks. CDC is assisting public health authorities in Mexico by testing specimens and providing epidemiological support. Further information on international cases may be found at:

[http://www.who.int/csr/don/2009\\_04\\_24/en/index.html](http://www.who.int/csr/don/2009_04_24/en/index.html)

Persons with febrile respiratory illness should stay home from work or school to avoid spreading infections (including influenza and other respiratory illnesses) to others in their communities. In addition, frequent hand washing can lessen the spread of respiratory illness.

Clinical guidance on laboratory safety, case definitions, infection control and information for the public are available at:<http://www.cdc.gov/swineflu/investigation.htm>.

Swine Influenza A (H1N1) Virus Biosafety Guidelines for Laboratory Workers:

[http://www.cdc.gov/swineflu/guidelines\\_labworkers.htm](http://www.cdc.gov/swineflu/guidelines_labworkers.htm)

Interim Guidance for Infection Control for Care of Patients with Confirmed or Suspected Swine Influenza A (H1N1) Virus Infection in a Healthcare Setting:

[http://www.cdc.gov/swineflu/guidelines\\_infection\\_control.htm](http://www.cdc.gov/swineflu/guidelines_infection_control.htm)

Interim Guidance on Case Definitions for Swine Influenza A (H1N1) Human Case Investigations:

[http://www.cdc.gov/swineflu/casedef\\_swineflu.htm](http://www.cdc.gov/swineflu/casedef_swineflu.htm)

Again, for more information about swine flu: <http://www.cdc.gov/swineflu> Additional information is also available by calling 1-800-CDC-INFO (1-800-232-4636)

### **Physician Performance Measurement Report Released**

Early efforts to measure physician performance may prove a lost opportunity to improve the nation's health care system if methodological and other shortcomings are not addressed, according to a commentary published by the Center for Studying Health System Change (HSC). To date, most performance measurement programs have been developed by health plans and operate under a variety of names, such as the Aexcel Specialist Network (Aetna), Blue Precision (Blue Cross Blue Shield), Care Network (CIGNA), Preferred Network (Humana), and Premium Designation Program (UnitedHealthcare).

Typically, health plans use the results only to inform consumers; in some cases, consumers have incentives to use higher-performing physicians such as reduced copayments. Plans rarely pay bonuses to physicians deemed high performing—quality and efficiency improvements are achieved to the extent that patient volume shifts to higher-performing physicians as a result of changes in physician referrals and consumer choices and lower-performing physicians improving the care they provide.

Although plans' programs are broadly similar, their methodologies often differ on such dimensions as the specific measures used, sample-size requirements, and the comparative emphasis placed on quality vs. cost measures.

**According to the report the key challenges to effective physician performance measurement include:**

- Developing a consensus on what standards should guide physician performance measurement programs.
- Measuring physicians across their entire patient panel, not piecemeal, with individual plans focusing only on their respective subset of patients. However, combining data from all payers, including Medicare and Medicaid, to conduct an accurate assessment will likely require some legal authority, such as the federal government, to mandate that it happen.
- The absence of a convening entity with the necessary capacity, wherewithal and clout to neutralize existing competitive dynamics and champion physician performance measurement.
- Supporting physicians willing to improve and providing robust rewards for physicians demonstrating good results.

**AMCNO Commentary: This report is yet another publication that illustrates the need for legislation in Ohio to address the issue of physician ranking/profiling by insurance companies. The AMCNO has spearheaded the introduction of legislation to address this issue in both the Ohio House and Ohio Senate. In June, Rep. Barbara Boyd presented sponsor testimony on HB 122 – the physician ranking bill and the AMCNO plans to provide proponent testimony as well. We plan to continue to work toward its’ passage in the coming months.**

To view the report on physician performance measurement go to <http://www.hschange.org/CONTENT/1064/>

**Health Insurance Rankings Report Released**

Athenahealth in collaboration with *Physicians Practice* management journal has released insurance company ranking in a report which evaluated 172 national, regional and government payers in 40 states.

According to the data, insurers paid physicians an average of 5.3% faster in 2008 and denied an average of 9% fewer medical claims compared with 2007 figures. On average, national health insurers paid physicians in 33 days and denied 9.2% of claims.

The rankings reveal some of the obstacles that can result from the complexities and bureaucracy involved in the medical billing process, with each insurer operating in different ways. To view the rankings go to <http://www.athenahealth.com/our-services/PayerView.php>

**Practice Administrators – Did You Know AMCNO Physician Members Can Interview on the AMCNO Healthlines Radio Program as a Member Benefit?**

Did you know that the AMCNO is always in need of member physicians to interview for its award-winning Healthlines radio program and to submit articles for its Northern Ohio Physician publication? Healthlines has provided an important community outreach service to the Northeast Ohio community for more than 40 years, offering physician members a prime radio spot where they can discuss important and up-to-date medical topics with the general public. The Northern Ohio Physician magazine is the AMCNO’s premier publication and goes out to more than 3,500 area physicians. Would your doctor be interested in assisting the AMCNO with either of these important services? If so, please contact Debbie Blonski of the AMCNO staff at (216) 520-1000, ext. 102 or email her at [dblonski@amcnoma.org](mailto:dblonski@amcnoma.org).

## **AMCNO Members Needed to Participate in Mini-Internship Program**

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is pleased to celebrate our 25<sup>th</sup> Annual Mini-Internship Program in October 2009. This program gives interns (community members) the opportunity to get “up close and personal” with a physician’s day – your day as a physician staff member. We invite AMCNO physician members to join their colleagues and distinguished community leaders of Northeast Ohio and help promote further awareness of healthcare management within our community by participating in this one-of-its-kind event. The 2009 Mini-Internship Program takes place on **Tuesday, October 20, 2009 and Wednesday, October 21, 2009**. As a member of our “physician faculty” a physician’s commitment is for one-half day with one intern only.

In the past, layperson “interns” have included elected officials and representatives from healthcare coalitions, the news media, law firms, churches, education and consumer advocate groups. Interns will spend a half-day with each of their four (4) assigned physicians. They will accompany physicians on daily rounds and office visits, attend surgery and/or observe emergency care. We look forward to hosting this special program that links our profession to the community and hope a physician from your practice will join us. If you have questions, please call the AMCNO and either Debbie Blonski (extension 102 or email: [dblonski@amcnoma.org](mailto:dblonski@amcnoma.org)) or Linda Hale (extension 101 or email: [lhale@amcnoma.org](mailto:lhale@amcnoma.org)) can assist you.

### **Practice Management Matters**

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) can provide you information on topics from balance billing to managed care to terminating the physician/patient relationship.

The AMCNO Practice Management Department is available to address or investigate any claim issue as well.

Call us at 216.520.1000 or email [concerns@amcnoma.org](mailto:concerns@amcnoma.org)

*The AMCNO Practice Management Matters newsletter includes links that provide direct access to Internet sites other than our own. The AMCNO takes no responsibility for the content or the information obtained on other Web sites, as we do not have any editorial control over those sites. Additional information on these topics may be available on our Web site at [www.amcnoma.org](http://www.amcnoma.org)*

6100 Oak Tree Blvd. Suite 440 Independence, Ohio 44131

[www.amcnoma.org](http://www.amcnoma.org)

216-520-1000 Executive Offices 216-520-0999 Facsimile

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO)

*is pleased to present:*

## **Solving the Third Party Payor Puzzle 2009**

**Wednesday, November 18, 2009**

Registration: 7:30 a.m. – 8:00 a.m.

Seminar: 8:00 a.m. – 3:30 p.m.

**WHERE: AMCNO Executive Offices  
Park Center Plaza I**

6100 Oak Tree Blvd – Lower Level Meeting Room  
Independence, Ohio 44131

**PURPOSE:** To educate physicians and office staffs on the many third party payor claims and managed care issues.

**COST:** AMCNO Members and their staff ~ \$50 per participant  
Non-members ~ \$100 per participant  
◆ Box lunches provided ◆

*Featuring Speakers from  
Key Ohio Insurance Organizations and more*

Questions? Contact Debbie Blonski at:  
(216) 520-1000, Ext. 102 or E-mail: [dblonski@amcnoma.org](mailto:dblonski@amcnoma.org)

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**TO REGISTER, PLEASE COMPLETE & RETURN WITH PAYMENT. DEADLINE:  
NOVEMBER 13, 2009.**

# of Attendees \_\_\_\_\_ Amount due \$ \_\_\_\_\_

Name(s) of Attendee(s): \_\_\_\_\_

Physician(s) Name(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**Make check payable and mail to:**

**AMCNO**

P.O. Box 901724, Cleveland, Ohio 44101-9932; **Or by credit card ~ fax to (216) 520-0999**

AMEX

MASTERCARD

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Account # \_\_\_\_\_ Exp. date: \_\_\_\_\_

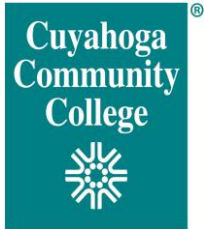
***SEATING IS LIMITED***; LIMIT of two people per office. CUTOFF: 75 People

**REGISTRATION REQUIRED PRIOR TO DAY OF SEMINAR.**

Note: Payment also accepted day of seminar at registration.



Discounted Classes at Tri-C for  
AMCNO members



**Cuyahoga Community College**  
**Discounted Medical Practice Management Seminars**

**Professional CEUS: AAPC and PMI**

For member discount information: Contact Linda Hale at the AMCNO at 216/520-1000.

For class information: Contact Barbara Neilsen at 216/987-3187 or [barbara.neilsen@tri-c.edu](mailto:barbara.neilsen@tri-c.edu)

<b>Date</b>	<b>Course/Seminar</b>
<b>Aug 4-Nov. 3</b> <b>Cost \$1650</b>	<b>The American Academy of Professional Coders' (AAPC)</b> <b>Professional Medical Coding Curriculum</b> Get certified in Professional Coding with AAPC's Professional Medical Coding Curriculum. This 81 –hour course provides the foundation skills for you to test as a Certified Professional Coder. Classes are held Tuesday and Thursday evenings from 6:00pm-9:00pm at Corporate College East.
<b>Sept 16, 2009</b> Cost \$139 11:30 am	<b>Professional Coders Workshop:</b> The How, When and Why We Get Paid 8:30-11:30 am
<b>Sept 22, 2009</b> Cost \$139 8:30-11:30 am	<b>The Electronic Health Record:</b> Impact on Coders
<b>Oct 21, 2009</b> Cost \$120 8:00-12:30 pm	<b>ICD-10 Preparation: Part 1</b> Fundamentals of ICD 10 Structure Anatomy, Physiology & Terminology Review
1:30-4:30 pm Cost \$105	<b>ICD-10 Preparation: Part 2</b> Get Started Preparing the Practice Timelines, Checklist and Staff Training Tracking Your Progress

**Location: Corporate College East, 4400 Richmond Road, Warrensville Hts, OH 44128**

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**Medical Terminology: Cost \$253** and **Medical Billing Reimbursement: Cost \$282** are also offered at various times and at various Tri-C campus locations. Please call the AMCNO, Linda Hale 216-520-1000 to obtain course details, location, times, cost and discount promo code.

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**DO YOU KNOW HOW TO DEAL WITH THE (RAC) RECOVERY AUDIT CONTRACTORS –  
AKA MEDICARE “BOUNTY” HUNTERS”?**

What is a RAC? The Centers for Medicare and Medicaid Services (CMS) implemented the demonstration project in 2005 using Recovery Audit Contractors to review Medicare claims to identify underpayments and overpayments to providers in the Medicare program. The RAC contractors are paid a contingency fee based on the amount of overpayment collected. RACs recover \$1 for every 20¢ spent, and 94% of their audits result in overpayment assessments. CMS is so pleased with the program that it is rolling it out nationwide in 2009 and 2010. The RAC contractor for Ohio has been chosen and should begin their audits sometime after August 1, 2009.

**COME AND LEARN HOW TO DEAL WITH RECOVERY AUDIT CONTRACTORS  
AT THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO  
(AMCNO) SEMINAR**

**“HOW TO AVOID MEDICARE’S BOUNTY HUNTERS AND  
WHAT TO DO IF THEY ARRIVE AT YOUR OFFICE/HOSPITAL”**

**WHEN: WEDNESDAY, SEPTEMBER 9, 2009 – 6:00 P.M.**

**WHERE: AMCNO OFFICES, 6100 OAK TREE BLVD. LOWER LEVEL**

**SPEAKERS: DAVID A. VALENT, ESQ.  
MARILENA DISILVIO, ESQ.  
HEALTH LAW ATTORNEYS WITH REMINGER CO., L.P.A.**

**COST: AMCNO MEMBER OR STAFF \$15.00  
NON-MEMBER OR STAFF \$30.00  
A LIGHT DINNER WILL BE SERVED**

**WHAT YOU WILL LEARN:**

- Strategies for a Demand letter – how to reply, what you should and should not do.
- Your Rights and Responsibilities
- Steps you should take to limit your exposure to the RAC
- How to stay off their radar!!

**PHYSICIANS, ADMINISTRATORS, OFFICE MANAGERS ARE INVITED TO ATTEND.**

NAME/S \_\_\_\_\_  
EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
PRACTICE NAME AND ADDRESS: \_\_\_\_\_

Return this form with your check made payable to The AMCNO and mail to:  
AMCNO, 6100 Oak Tree Blvd, Ste. 440, Independence, Ohio 44131

You may also fax or email this form to the AMCNO with a credit card payment. Fill in the information below and fax to (216) 520-0999 or email [dblonski@amcnoma.org](mailto:dblonski@amcnoma.org) **QUESTIONS?? CONTACT DEBBIE BLONSKI AT THE AMCNO OFFICES AT 216-520-1000, EXT. 102.**

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ AMEX \_\_\_\_\_  
Expiration Date of Card \_\_\_\_\_