



NEW YORK PHYSICIAN ADVOCACY PROGRAM® APPLICATION

Name (Please Print)

Practice Name

Address City State Zip

Phone Number Facsimile Number E-Mail Address

Signature *

Programs Available:

Basic Program:

Includes investigations by:

- New York State Office of Professional Medical Conduct only \$175.00

Discounted price for members of MSSNY \$150.00

Discounted price for MLMIC / PRI Insured \$110.00

Please indicate your insurance provider:

- MLMIC Insured PRI Insured

Comprehensive Program: \$525.00

Includes investigations by:

- New York State Office of Professional Medical Conduct
HIPAA (Office of Civil Rights)
Medicare Fraud Defense
Occupational Safety and Health Administration
Medicare Quality Improvement Organization
Healthcare Criminal Authorities

Discounted price for members of MSSNY \$495.00

Discounted price for MLMIC / PRI Insured \$455.00

Please indicate your insurance provider:

- MLMIC Insured PRI Insured

I have read the Program Description and agree to its terms.

To apply by check:

Enclosed is my check for \$

PLEASE MAKE CHECK PAYABLE AND MAIL TO: KERN AUGUSTINE CONROY & SCHOPPMANN, P.C. 1325 FRANKLIN AVENUE, GARDEN CITY, NY 11530 (800) 445-0954

To apply by credit card:

Card type: Visa MasterCard American Express

Card Number

Expiration Date

Security Code

\$ Authorized Amount

Print Name

Signature

By signing this application I hereby authorize Kern Augustine Conroy & Shoppmann, P.C. to charge my credit card for the authorized amount stated above. I understand that the charge will appear on my credit card statement as "Kern Augustine".