

THE BULLETIN

Our Mission:

To promote the science and art of medicine, the care and well being of patients, the protection of the public health, and the interests of the medical profession.

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Home Care Guidance: Influenza-Type Illness

Original tree art by Samuel P. Burre, M.D. (1957) and adorned by George Ingraham, M.D. (2002)

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EMR's and Cash for Clunkers

EMILY DALTON, M.D.



Our household has had the dubious honor of being deeply and directly affected by some of the major initiatives contained in the economic stimulus package. My husband, who is a sales manager at Mid City Motor world has been working long, busy days trying to accommodate the rush of car buyers flooding in to take advantage of the “Cash for Clunkers” program, while our pediatric office, with the promise of future reimbursement for “meaningful use” of an EMR, has begun the process of converting to electronic medical records.

The cash for clunkers program is meant to reduce carbon emissions by encouraging people to turn in gas guzzlers and purchase more fuel efficient vehicles, but questions remain as to the overall benefit. Cash for Clunkers does not reduce, recycle or reuse in the least. The clunkers must be destroyed and sent to landfills,—so no used vehicles come out of the transactions to sell again, and no parts can be gleaned for resale. Jobs involved with used car sales and parts resale are thus short-circuited by this program.

Some of the “clunkers” are in relatively good condition, and would be the type of car that some one of limited means (like our college-age kids!) could afford, and they are taken out of circulation. While this does reduce the number of gas guzzling vehicles on the road, there is a “carbon cost” to the construction of a new vehicle, and whether the emissions saved by the better fuel efficiency will outweigh that is debatable. Hopefully this program will not be the equivalent of economic junk food that gives the economy a “sugar rush” that is only hollow and temporary.

I am a huge fan of computers (in fact I am writing this on Google Docs right now) and I am very enthusiastic about Eureka Pediatrics’ new software. Among the advantages I am looking forward to include never again searching for a lost chart, inputting data one time only, and having the computer do tedious tasks like plot growth charts, calculate BMI’s or fill out physical exam forms. However, there are many hurdles yet to be overcome.

The media tout electronic medical records as some sort of panacea to all of medicine’s problems; that errors will be reduced, unnecessary duplications will be prevented and inefficiency will be eliminated. Though electronic storage of records has advantages, I doubt error reduction will be one of them. Now, in addition to human error (data is only as good as its input), we will add computer errors, which are strange and largely incomprehensible to the human mind. For example, our new software will allow me to type or dictate paragraphs without any signal whatsoever that I am in a screen that cannot accept data. As soon as I attempt to save my text or change windows, all my work disappears into nothing. While for the most part our new software has run well, at times appointments have been changed or lost, and data has been put into the wrong places.

In a critical care environment, such errors could impact patient care. Yesterday (on Allscripts) I almost sent over an e-prescription for 6,000 isotretinoin tablets, and the computer didn’t mind in the least. I know the pharmacist would notice in a heartbeat.

And what about those strange messages you get, like: “Patient cannot have a birth date in the future” (that from the state vac-

cine registry). I still don’t know what a “critical error” is, though I have committed many of them.

As for eliminating the duplication of testing, this depends on whether or not the differing software programs can interface with each other, and at this point most do not. Creating interfaces is expensive and time consuming.

The third supposed advantage of computerized records is said to be efficiency. Well, that is just not the case. Using computers in the medical office slows everything down. Despite all computers have to offer, it is still hard to beat the efficiency of good old paper and pen. With paper, there is no scrolling through windows trying to find the right place to enter the data, no error messages, no frozen screens, and no waiting while the computer has to be rebooted. I am not planning to throw out my carbon paper just yet.

Nevertheless, I am getting used to our new system. I enjoy the clean crisp look of a chart note when it prints out in neat black type (I know we’re not supposed to print them up and put them in the paper chart, but I can’t help it). I have learned a tremendous amount about medical coding by using the coding aids built into the system. I got motivated to tune up my Dragon Naturally Speaking dictating software to the point where my accuracy is great. But every so often my dictating software seems to take on a life of its own, and signals the Office Practicum software to open strange windows or freeze up my work. I can just imagine the two programs laughing softly to each other as I frantically try and figure what happened to my last 15 minutes of labor. §

The “R” Word...Make that “Words”

GEORGE INGRAHAM, M.D.



The good news: the Federal Government has begun to tackle the universal health care problem, as it has promised to do off and on beginning with Theodore Roosevelt in 1912. They have finally decided to heed (for they can no longer ignore) the public’s swelling murmur: “We’re waaaaiting...”

The bad news: nobody knows how to do it.

It is fun, observing the posturing and infighting between the Insurance Companies, political parties, Pharma, the AARP, the Legislatures, the PACs, and assorted groups of interested individuals with poster boards and Magic Markers (Staples must be cleaning up!). What is even more fun (giggle) is the absence of noisy public posturing by the tort-liability bar; but no mistake: those birds are feeling the earth rumble beneath their Guccis and Manolo Blahniks. It would be more fun if it wasn’t yours and my profession and yours and my health care, which was under repair. We have personal as well as professional skin in this game.

The biggest hot button word in the debate is “rationing”: the “R” word. We Americans hate to have anyone set limits on what we can have, how much we can

have, and when we can have it. It just isn’t The American Way. Say “rationing” to anybody and the knee jerk reaction is “no way!” No limits on health care: In 1930, a potentially achievable goal, given the state of the art before World War II: Rudimentary radiology, no antibiotics, no implants, no transplants (OK, corneas), Watson and Crick in diapers. But it just isn’t an achievable goal any longer. So we have, first of all, to decide on the menu for Universal Health Care: what can you get and, more painfully, what you cannot. How long you must wait to get elective surgery. What will be the top speed of your scooter? How often do you get new glasses? It is all rationing, and we...all of us... will have to live with it.

HEALTH CARE MUST BE RATIONED. There, I said it. So sue me.

What’s less than encouraging, along with the current law that Medicare can’t negotiate with big Pharma for medication prices, is the bill recently introduced by House minority leader Mitch McConnell to the effect that comparative efficacy studies aren’t to be used in determining health policy decisions. So, umm... Mitch, we aren’t going to go all, you know, scientific about this and we aren’t going to shop for the best

price, but our care is going to be more effective and less expensive, we got that right?

Assuming that they (I should really say “we”) get the first “R” approximately correct, there are two others: Reimbursement and Regulation. They are, if less emotionally charged, no less critical.

If the people who operate the health care system: You and I, the nurses, the Dentists, the X-ray techs, the EMT’s, and so on don’t get paid what they can make someplace else, they are going to work someplace else. Also, nobody is going to invest years of their youth and incur a mountain of debt for the sake of a trivial wage. In the Army, and in residency, I worked for a salary; and the Army salary, anyway, wasn’t too bad; and I did not have to run a business and deal with insurance companies: if not for the constant moving every few years, I might have stayed in. Maybe fee for service isn’t the way to go anymore (I can’t believe I said that). But, fee for service or salary; when this new universal health care system is being designed we must keep an old rule of business, large or small, in mind. At the risk of offending our fellow primates, then:

YOU PAY PEANUTS, YOU GET
“Opinion” Cont. on Pg. 13

Humboldt Medical Specialists, Inc.

is pleased to announce the arrival of: Elliott Gagnon, M.D.

**Board Certified in
Plastic and
Reconstructive Surgery.**

Specializing in:

- Breast Reductions/Reconstructions
- Hand Surgery
- Facial Trauma
- Complex Wounds and Skin Cancer
- Post-Bariatric Body Contouring



*Dr. Gagnon is accepting patients for evaluation immediately upon referral.
We hope you will join us in enthusiastically welcoming Dr. Gagnon to our medical community.*

“Opinion” cont. from Pg. 3

MONKEYS.

The last R is Regulation. In addition to Big Pharma and the insurance lobby; every specialty, subspecialty, trade group, and professional PAC, our own included, is watching with eyes peeled; and arming their lobbyists with all the money they can, because decisions made in the next few years will determine their future as well as ours. I anticipate the regulatory equivalent of the great Oklahoma Land Rush of 1889. Are we going to allow: Psychologists to prescribe major drugs? Optometrists to treat glaucoma? Surgeons without Board Certification to perform certain procedures? Board Certification to determine anything at all? Family practitioners to do lab tests in the office? Medical Assistants to do venipuncture? How many fire extinguishers does an operating room need? What should be State and what should be federally regulated? Should the JCAH be subsumed into a Federal inspectorate? (It's enough to make

you expectorate) Should there be a limit on contingency fees in medical malpractice suits? Should there even be malpractice suits? (Rumble rumble).

So it is back to grammar school and the three “R”s for us: and the US. And we better get it right. Now, when I was riding med evacs in the Army, the Crew Chief (the soldier with responsibility for the maintenance of the helicopter) rode with us on every mission. You may be sure that the bolts were tight, the hydraulic fluid was topped up, and the survival kit was on board. If you're going to have to ride it, you're going to fix it right. To ensure that our legislators pay close attention to their regulatory deliberations, therefore, I propose one final use of the shift key:

WHATEVER THE PLAN TURNS OUT TO BE, THE ELECTED MEMBERS OF THE SENATE, THE HOUSE, AND THE EXECUTIVE MUST AGREE TO HAVE THE SAME COVERAGE AS EVERYBODY ELSE.

That ought to keep them honest. Relatively speaking. OK, maybe not in New Jersey. §

Your membership in CALPAC will make a difference.

Please join your colleagues in supporting CALPAC -- CMA's political action committee-- and help strengthen our political voice.

By joining CALPAC, you help support candidates who share our philosophy and vision of the future of health care and medical practice.

CALPAC

**1201 J Street, Suite 275
Sacramento, California 95814**

1-800-CALPAC-9



Blueprint for Excellence

Taking health care to new heights

As a Humboldt County physician, you understand the importance of maintaining and enhancing vital health care services for local residents. Many of your patients, friends and family members depend on St. Joseph Hospital to be there when they need care. That's why we're building the new Northeast Tower – to make sure we're ready when you need us.

With the dramatic changes in the way health care is delivered, and advances in medical diagnosis and treatment, the current facility is in need of expansion to better serve the community. After careful review of the needs of the community, the St. Joseph Health System determined that the new Northeast Tower will become a reality. It is the first phase in the Blueprint for Excellence plan to better serve our community well into the future.

The new tower, located in the northeast section of the hospital campus, will be three floors totaling 100,000 square feet. The new expansion will include the following departments and services:

Lower Level: Emergency Department; reception and waiting area; Central Sterile Department; Emergency Department Imaging.

First Floor: Surgical suite, a catheterization lab; prep and recovery beds; a Post Anesthesia Care Unit; and the main entrance, lobby and waiting area.

Second Floor: Intensive Care Unit; ICU waiting room and nurses' station; patient care beds.

Funding the Northeast Tower will be completed through loans, net income, reserves and a generous match by St. Joseph Health System – for every dollar received from donations, the health system will match up to \$12.5 million! So when community residents and businesses in Humboldt County pledge or donate to the campaign, their donation is automatically doubled.

Want to know the latest about construction?

Visit www.stjosepheureka.org - there you can watch an online tour of the completed expansion, or call the Construction Update line at 269-3650.



A Ministry of the
Sisters of St. Joseph
of Orange

St. Joseph Hospital 
ST. JOSEPH
HEALTH SYSTEM

August 17, 2009

The meeting was called to order by Emily Dalton, M.D. at 7:00 P.M.

M/S/C to approve the following items on the Consent Calendar:

- Reading of the minutes, July 21, 2009, approve as presented.
- Society Budget Report / Balance Sheet, approved as presented. Reported on upcoming meeting with Treasurer.
- CME Budget Report/ Balance Sheet, approve as presented.
- Physician Well-Being Cmt Mins, July 14, 2009, approve as presented.

Brief Legislative Update was presented. Reviewed current CMA Legislative Hot List that was updated as of today.

Membership Committee report was presented as follows:

- encouraged all Exec Board to assist with recruitment contacts. Reviewed list of non-members.
- reviewed Coming, Going and Moving Around Report.
- shared "contact list" for recent physicians who have relocated into the area. Assigned individual contacts to call and welcome these new physicians.

Shared information, including "Talking Points" on Health Care Reform along with comments from our CMA VP Federal Relations, Elizabeth McNeil. Mentioned that there is a Town Hall meeting scheduled at River Lodge later this month.

Executive Director Update was presented as follows:

- Reported on 178 logged calls for July that included requests for lists of physicians, questions re: charging for copies of medical records; location of medical records; translator services; mailing labels and media contacts;
- Reported sending updated Excel list of physician fax numbers to the Public Health Department.
- Reported working with Dr. McCaffrey in coordinating Touro University student exams locally.
- Reported coordinating meeting of the Public Health Advisory Committee to meet on August 18th at 7:30 a.m. to discuss the H1N1 Immunizations.
- Reported AMA will be starting a direct membership drive starting late September. Statements for 2010 CMA/HDNCMS dues will be mailed early September - WITH an option of paying AMA dues at the same time as state and local. Any payments will be forwarded directly to AMA.
- Updated on the Recruitment Video. All interviews are done for the Physician Recruitment Video. Awaiting the "rough draft" for

review of the committee. Editorial and Publications Committee - WEB SubCommittee is looking at how to incorporate 1-3 video clips on the home page of the website. We are working on giving members the option of purchasing copies of the video as well.

-Physician Well Being Committee Brochures have been re-printed and are being distributed this week. Mailing to ALL Physicians. Copies to Medical Staff Coordinators and Chiefs of Staff.

-Notices will soon be going out for the following. (Encouraged to "talk it up" re: attendance): -Membership BBQ @ Sequoia Park, September 26, 2009, 1-4 p.m.

-NORCAL Risk Management Seminar "Anatomy of a Lawsuit" is scheduled for October 1, 2009, 7-9 P.M. at the Umpqua Bank Community Room in Eureka.

COMMITTEE UPDATES:

Consortium for C.M.E. Meeting held August 12, 2009. Minutes to follow.

Editorial and Publications Committee, next meeting scheduled for September 9, 2009.

Medical Quality Review Committee, next meeting scheduled for September 30, 2009.

Membership Committee Meeting. Next meeting to be scheduled.

Physician Well Being Committee - next meeting scheduled for August 25, 2009.

Public Service and Medical Ethics Committee. 1 review in process. 2 complaint forms sent. Annual meeting to be scheduled.

Health Department Update was presented as follows:

Public Health is gearing up for H1N1 vaccination, community education and surveillance. PH Advisory Committee will be meeting 8/18. Target groups for immunization: health workers and first responders; pregnant women; family of children under 6 months of age; youth 6 months to 24 years of age; people 25 - 65 with chronic disease (respiratory at least, unclear who else), immune deficiency, obesity (also not clearly defined yet). They will need two doses. This adds up to about 1/2 the population. We are planning different strategies for different groups. We will use the immunization registry to keep track and send out reminder calls. A significant obstacle is anti-immunization attitudes, including among hospital employees. Only 35% of St. Joes staff got the seasonal flu vaccine last year despite the fact that it was free. Updates on: humboldthealthalert.com: cdph.ca.gov.

"Briefs" Cont. on Pg.21

NON-GRAND ROUNDS

10/1 "ANATOMY OF A LAWSUIT"

- Lisa Buscho, RN, BSN, Risk Management Specialist, NORCAL Mutual
- Michael Morrison, Attorney-at-law
- Brent O'Malley, NORCAL Claims Supervisor
- October 1, 2009; 7:00 - 9:00 p.m.
- Umpqua Bank Plaza Community Room, 2426 Sixth Street, Eureka
- Target Audience: **Physicians Only**
- Course Objectives:

- 1) Recognize and implement office systems to improve patient follow-up and tracking.**
- 2) Understand informed consent and informed refusal process and utilize techniques to overcome barriers.**
- 3) Apply risk-management based documentation practices that support the continuity of care and provide the best defense in the event of a lawsuit.**

The target audience is the Physicians of Humboldt and Del Norte Counties. The Northcoast Association of Advanced Practice Clinicians, RN's, RD'S, and Pharmacists are also invited to attend.

The Humboldt-Del Norte Consortium for Continuing Medical Education is accredited by the Institute of Medical Quality and the California Medical Association to provide continuing medical education for physicians. The Humboldt-Del Norte Consortium for CME takes responsibility for the content, quality and scientific integrity of this CME activity. The Humboldt-Del Norte Consortium for CME designates this educational activity for a maximum of 1.0 hour of AMA PRA Category 1 credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

Please notify Terri Taylor at (707) 442-2353 or ttaylor_hdnems@sbcglobal.net if you have any questions.

"Briefs" Cont. from Pg.18

Reported that Luther Cobb, M.D. will be declaring his candidacy for CMA Speaker of the House which currently is an uncontested position. Cards will be published for distribution at the CMA HOD.

Congratulations! To George Jutila, M.D., who was chosen as the recipient to receive the CMA Frederick K.M. Plessner Award for 2009. Interviews for the video will be taking place later this month.

Discussion followed regarding the draft letter that has been proposed for public education on local health care issues. Agreed that it was difficult to come to a consensus. Agreed that we should attempt to educate the public on the proposed legislation and the impact. Agreed to craft a positive letter stating our concerns and try to bring the public in with us. The letter will be circulated to the Executive Board for feedback.

Reported that we are working on coordinating the topics and date

for the proposed Health Care Reform Meeting. Information should be forthcoming soon.

Discussion followed regarding the 2009-2010 Nominating Committee. Drs. Abels, Copeland, Grossman and Cobb have agreed to serve. Notice of the Nominating Committee will be published in the September Bulletin.

M/S/C to approve the following applications for membership from:

-**Gregg Jossart, M.D.**, General Surgery, Multiple Membership Status

-**Rajesh Kadakia, M.D.**, Emergency Medicine, Northcoast Emergency Physicians

The meeting was adjourned at 7:50 P.M. Next meeting is scheduled for September 15, 2009 at 12:15 P.M.§

CLASSIFIED ADVERTISEMENTS

JOB OPPORTUNITIES

Also refer to Practice Opportunities on our website
www.hdncms.org

PSYCHIATRIST NEEDED For County of Humboldt.

The incumbent will provide psychiatric diagnostic and therapeutic services in a variety of inpatient and outpatient settings. The Psychiatrist will perform psychiatric evaluations, develop treatment plans, monitor medications, provide consultations, perform conservatorship and forensic evaluations and provide expert witness court testimony and consultation to various child and adult service programs and agencies.

Must possess a valid license to practice medicine in the State of California.

Must possess Board eligibility or certification as a Psychiatrist as defined by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry. Must possess a valid California driver's license.

Initial salary is between \$206,050 - \$227,656 annually

Apply online at www.co.humboldt.ca.us/jobs and view complete description with benefits.

FAMILY MEDICINE PHYSICIAN NEEDED to join established practice in Fortuna, CA. Would consider some locum work while considering relocation to our area. If interested please contact: Mary Moriarty, Office Manager, e-mail: Loletamary1@aol.com, (707) 725-3318. (PO)

OB-GYN NEEDED for very busy established practice. Total Women's Health including IVF. 4-D OB Ultrasound Machine, Dexa Scanner, Advanced GYN Surgery, High Risk OB, etc. Potential for expanding practice and services. Contact Kim Pfanensteil, Office Manager, (707) 445-3443. (www.stokesmd.com) (DS)

FULL OR PART TIME PHYSICIAN OR MIDLEVEL OPPORTUNITY. Mobile Medical Office is looking for a full or part-time. physician or Nurse Practitioner to join our staff. We are a non-profit mobile clinic which brings healthcare to the underserved in Humboldt County. Contact Wendy Ring, M.D. at (707) 498-6183 or wring@mobilemed.org for details. (WR)

WANTED - FAMILY PRACTICE PHYSICIAN Full or part time. Aviation Medical Examiner preferred. Contact George Jutila, M.D., 725-3334 or home.md@suddenlink.net (GJ)

URGENT CARE CLINIC: North Coast Emergency Physicians Group is looking for Family Practice Physicians interested in part time work in the new St. Joseph Hospital Urgent Care Clinic. Malpractice insurance is paid through the Group. Please contact Ronald Cordova, MD, Managing Partner for North Coast Emergency Physicians at (707) 616-7435 if you are interested. (RC)

PROPERTY FOR SALE / RENT / LEASE

EXECUTIVE / VACATION RENTAL 2 Bedroom, 2 Bath newly remodeled home on quiet street in Henderson Center. See Details at www.vrbo.com/208351 Contact Jim at 707-845-3908

2 MEDICAL OFFICES FOR LEASE. 2504 Harrison Avenue, Eureka, CA. 1688 sq. ft. & 1326 sq. ft. Can be seen by appointment. Phone 530-755-1354 / 916-261-8088.

FOR SALE Prime Central Ave. McKinleyville Location Currently Lima's Pharmacy. Real estate only for sale (Lima's Is expanding to new site) 2 separate legal parcels under 1 roof. Lots of parking, ideal medical or professional office use. Only \$345,000 Northbay Realty 707-599-7962

FOR LEASE: Professional / medical office space near Mad River Hospital. Build to suit in new Planned Unit Development. 850 sq. ft. available now. Contact Mark Jones, 707-616-4416 or e-mail: Jones202@suddenlink.net .

WANTED: Used Exam Table needed. Contact Christine Fellows at 443-8711. (HF-9-09)

<p>Display Advertising Rate Schedule</p>	SIZE	MONTHLY	SIZE	<p>DEADLINE: 15th day of the preceding month to be published</p>
	1/4 Page	\$120.00	7.45" x 2.61"	
	1/2 Page	\$140.00	7.45" x 5.23"	
	1/3 Page Vertical	\$130.00	2.37" x 9.95"	
	Full Page	\$170.00	7.45" x 9.95"	
	Inside Cover/Full Page	\$240.00	7.90" x 10.40"	
	Business Card Ad	\$60.00	Copy Ready 2" x 3.5"	
	<p>Classified Ads 4.75 per line</p>			