

# Tibia-Tribune

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## President's Message

William C. Andrews Jr., MD



Dear Colleagues,

The Annual Meeting of Southern Orthopedics Association is only 2 months away, and it promises to be truly outstanding. The Scientific Program is complete and has a balanced combination of clinical review symposia, as well as top-notch scientific papers. The program offers an excellent review of multiple issues including pediatric trauma, upper extremity trauma, foot and ankle, and controversies in total joints. The scientific papers were chosen from a large number of abstracts and will present a wide spectrum of new ideas.

The Colorado Rockies in July offer a perfect location for outdoor activities, either as a family or individually, and a welcome relief from the hot and humid July days in the southern region of our country.

We promise this will be a meeting which will be memorable for the camaraderie and the locale, as well as a stellar Scientific Program.

Please make your plans to join us in July in Beaver Creek.



Sincerely,

*Billy Andrews*

William C. Andrews Jr., MD  
President  
Southern Orthopaedic Association

## Register Now for the 2014 Annual Meeting

The SOA Annual Meeting will be held July 16-19, 2014 at The Park Hyatt Beaver Creek in picturesque Avon, Colorado. View the Preliminary Program online at [www.soaassn.org](http://www.soaassn.org).



The Park Hyatt Beaver Creek is an exquisite hotel with the beautiful Rocky Mountains as a backdrop. Whether you're embarking on self-renewal at the Spa and Fitness Center, enjoying the year-round heated outdoor pool and hot tubs beneath a mountain waterfall, taking in the surrounding view of splendor from the hotel or delving into culinary delights at the welcoming restaurants, Beaver Creek Hyatt sets the standard for

year-round luxury. From the thrill of white-water rafting, fly-fishing, golfing, hiking and more, you'll delight in the myriad of luxuries this location has to offer.

For everyone's convenience, SOA has reserved blocks of sleeping rooms at several other locations. The additional hotel options include The Osprey at Beaver Creek and St. James Place.

Register for the meeting online at [www.soaassn.org](http://www.soaassn.org) and make your reservations at the Beaver Creek Hyatt at 888-421-1442. Space is limited, so make your reservation early! See the Preliminary Program online for all hotel options.

Cutoff for SOA Room Rates is June 20, 2014.

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## SEC Team Physician of The Year

It is a pleasure to award this year's SEC Team Physician of the Year to Dr. James Jagger of the University of Kentucky. Congratulations to a well-deserved professional. As always, DJO Global sponsors the award in conjunction with the Southern Orthopaedic Association. A grant in the amount of \$1000.00 is awarded in his name to the University of Kentucky Athletic Training Program. This award is to be used for student athletic trainer education/scholarship at the discretion of the Director of Sports Medicine. The award was presented at the SEC Sports Medicine Conference April 27-29, 2014 at the Marriott Grand Reserve facility in Opelika, AL. Congratulations again to Dr. James Jagger of Kentucky.

James Jagger, MD completed his undergraduate degree at Harvard University, attended

medical school at the University of Cincinnati, completed a residency in Emergency Medicine, and completed a sports medicine fellowship at the Northwest Ohio Center for Sports Medicine. He has served as Chief of Athletic Medicine and Head Team Physician at the University of Kentucky since 2001. Dr. Jagger has served as a sideline physician for the last 34 years. He has spent the last 24 years as a collegiate team physician. Dr. Jagger is a faculty member in the UK Department of Orthopaedic Surgery and Sports Medicine. He also serves as Section Chief of Sport Concussions at UK. He lives in Lexington, Kentucky with his wife, Kathleen. Dr. Jagger has two grown sons and two grandsons.

*The SOA SEC Team Physician of the Year Award is sponsored by DJO Global and the Southern Orthopaedic Association.*

## Annual Meeting Hotel Reservation Information



June 20, 2014 is cutoff date to receive the Annual Meeting discount rates at the Park Hyatt Beaver Creek.

the SOA website. Space is limited, so make your reservation early!

### Additional Hotel Options

Room Category	Rates
Courtyard or Highland View	\$199
Village or Slope View	\$219
Park Fireside Suite	\$229

\*If 3<sup>rd</sup> person is older than 18 years, a \$25 per person charge will be added to room rate.

To make a reservation, call the Park Hyatt Beaver Creek at 888-421-1442 and mention you are attending the SOA Annual Meeting, or use the online reservation link on

### Osprey at Beaver Creek

1-877-820-7669

Run of House Rooms

\$149



### St. James Place

1-877-820-7669

2 Bedroom Condo \$239

3 Bedroom Condo \$299



## The SOA

The Southern Orthopaedic Association (SOA) was founded in 1983 for physicians who are engaged in the specialty of orthopaedic and trauma surgery. Its mission is to develop and foster the art and science of medicine in the specialty of orthopaedic and trauma surgery. SOA operates exclusively for charitable, scientific and educational purposes.

## Program Chair's Message



Dear Fellow SOA members, Spouses and Guests,

On behalf of the SOA Board of Trustees, President William C. Andrews Jr., MD, and myself, I look forward to welcoming you to the Southern Orthopaedic Association Annual Meeting to be held July 16-19, 2014 in Avon, Colorado.

The quality of the scientific submissions this year was truly impressive and the Program Committee has assembled an exciting academic program. In addition to the podium presentations and posters, there will be a number of symposia led by leaders in the field addressing complex pediatric injuries, controversies and outcomes in adult reconstruction, foot & ankle, athletic injuries in the upper extremity and trauma. The program offers an exceptional educational opportunity for the general orthopaedist as well as the subspecialist. The SOA meeting will allow attendees to earn up to 27.75 credits of CME. It would be difficult to find

such a valuable educational opportunity in any other meeting.

This year's Distinguished Southern Orthopaedist is C. Lowry Barnes, MD of the Hip Knee Arkansas Foundation who will present "Never Say Never: Unlikely Partners in Orthopaedics." On a similar theme, the Presidential Guest Speaker, James R. Urbaniak, MD, will speak on relationships. These will certainly be two highlights of the meeting. The program will also provide an opportunity to keep up with the current state of our professional organizations. There will be an OREF report by Frederick N. Meyer, MD and an AAOS report given by President, Frederick M. Azar, MD.

Although Colorado is typically considered a winter wonderland, Beaver Creek has much to offer in the summer months. The social program will kick off with a welcome reception Thursday evening and conclude with a dinner on Saturday night. The afternoons will give the attendees ample time to enjoy all the outdoor activities of Beaver Creek

## Program Committee

The Southern Orthopaedic Association gratefully acknowledges the following orthopaedic surgeons for their contribution to the development of the scientific program.

Richard S. Moore, MD, Chair  
L. Andrew Koman, MD  
Lee R. Leddy, MD  
Scott D. Mair MD  
Matthew J. Matava, MD

from hiking to mountain biking or fishing. This promises to be a memorable venue and experience for the entire family.

We look forward to seeing you all at the SOA Meeting in Beaver Creek. Please make every effort to attend this once in a lifetime event.

Best Regards

Richard S. Moore, Jr., MD  
Program Chair

## Scientific Program Highlights

### Thursday – July 17, 2014

**GENERAL SESSION 1:** Trauma

**GENERAL SESSION 2:** Pediatrics

**SYMPOSIUM 1:** Trauma - The Humerus From Top To Bottom

**GENERAL SESSION 3:** OREF Report and Presidential Guest Speaker, *James R. Urbaniak, MD*

**SYMPOSIUM 2:** Current Concepts In Foot and Ankle Surgery

**CONCURRENT SESSION 4A:** Arthroplasty I – Outcomes and Complications

**CONCURRENT SESSION 4B:** Spine

**POSTERS** (Open daily to all participants before and after the Scientific Program.)

**MULTIMEDIA EDUCATION SESSION** (Available each day following the Poster Session.)

### Friday - July 18, 2014

**GENERAL SESSION 5:** Upper Extremity

**GENERAL SESSION 6:** Sports Medicine

**SYMPOSIUM 3:** Injury In The Pediatric Athlete

**GENERAL SESSION 7:** Resident Awards, AAOS Report and Presidential Address

**SYMPOSIUM 4:** Current Controversies In Total Joint Arthroplasty

**CONCURRENT SESSION 8A:** Foot & Ankle

**CONCURRENT SESSION 8B:** The Geriatric Patient

**POSTERS** (Open daily to all participants before and after the Scientific Program.)

**MULTIMEDIA EDUCATION SESSION** (Available each day following the Poster Session.)

### Saturday - July 19, 2014

**GENERAL SESSION 9:** Arthroplasty II – Knee

**GENERAL SESSION 10:** Arthroplasty III – Hip

**SYMPOSIUM 5:** The Athlete's Hand

**GENERAL SESSION 11:** *J. Lorin Mason Jr., MD* Lecture & Distinguished Southern Orthopaedist, *C. Lowry Barnes, MD*

**SYMPOSIUM 6:** Fractures In Kids You're Likely To See And Don't Want To Miss: A Case Based Approach To Diagnosis, Treatment, And Avoidance Of Complications

**SYMPOSIUM 7:** Managing Complications In Total Joint Arthroplasty

**CONCURRENT SESSION 12A:** Technology and Orthopaedics

**CONCURRENT SESSION 12B:** Basic Science

**POSTERS** (Open daily to all participants one hour before and after the Scientific Program.)

**MULTIMEDIA EDUCATION SESSION** (Available each day following the Poster Session.)

## Presidential Guest Speaker James R. Urbaniak, MD



The Presidential Guest Speaker for the 2014 Annual Meeting is Dr. James R. Urbaniak, Past Chairman of Orthopedic Surgery at Duke University Medical Center in Durham, NC.

Dr. Urbaniak received his medical degree in 1962 and completed his residency at Duke University Medical Center in Orthopaedics in 1969. He is renowned as a pioneer in replantation and microvascular reconstruction of injured extremities.

Dr. Urbaniak has held numerous national leadership positions in orthopedic surgery, including serving as Chairman of the Board of Trustees for the *Journal of Bone and Joint Surgery* and as President of the American Society for Surgery of the Hand, the American Orthopaedic Association, and the

American Board of Orthopaedic Surgery. He has contributed more than 45 book chapters to medical literature, edited 12 books, published more than 300 articles in medical journals and made over 400 presentations domestically and internationally. Dr. Urbaniak's primary areas of investigation include avascular necrosis of the femoral head, hand and upper extremity reconstruction, peripheral nerve repair and microsurgery.

Dr. Urbaniak has received numerous awards and honors including the SOA's Distinguished Southern Orthopaedist Award in 1996. He and his wife Muff have two children, Julie and Michael. We welcome him back to the podium for SOA's 2014 Annual Meeting and look forward to his presentation in Beaver Creek.

## Distinguished Southern Orthopaedist C. Lowry Barnes, MD



SOA is pleased to bestow its 2014 Distinguished Southern Orthopaedist Award to C. Lowry Barnes, MD, Professor of the Department of Orthopaedic Surgery at the University of Arkansas for Medical Sciences in Little Rock, AR. Dr. Barnes received his medical degree at the University Of Arkansas College Of Medicine in Little Rock in 1986. He completed his Orthopaedic Surgery Residency in 1991 and his Internship in 1987 at the University of Arkansas for Medical Sciences in Little Rock.

Dr. Barnes received a Certificate in Business Administration for Physicians in 1999 from Auburn University College of Business. He completed the John N. Insall Traveling Fellowship, an Adult Reconstructive Surgery/Arthritis Surgery Fellowship at Brigham & Women's Hospital/Harvard Medical School in Boston, MA and an AO/ASIF Adult Orthopaedic Fellowship at Inselspital in Bern, Switzerland.

Dr. Barnes has received numerous honors and awards and has published many articles and abstracts. He is currently President and Managing Partner of Arkansas Specialty

## Upcoming SOA Meetings



**31st Annual Meeting**  
July 16-19, 2014  
Park Hyatt Beaver Creek  
Avon, CO



**Southern at the SEC  
Sports Injury Update and Pearls 2015**  
March 12-14, 2015  
Nashville, TN



**32nd Annual Meeting**  
July 15-18, 2015  
Grove Park Inn  
Asheville, NC

Orthopaedics and belongs to many orthopaedic and medical associations and serves in a leadership capacity on many of their Boards and Committees. He is a Past President of the Arkansas Orthopaedic Society and the Southern Orthopaedic Association.

Dr. Barnes has participated in Operation Walk since 2007. He and his wife Tanya live in Little Rock and have three children, Emily, Chase and Sally. We congratulate Dr. Barnes on receiving this award and look forward to its presentation at the SOA 2014 Annual Meeting.

## Multimedia Education Sessions

The SOA will provide multimedia education sessions from 2:30 pm to 5:00 pm on Thursday and Friday, and 2:15 pm to 4:15 pm on Saturday, July 17-19. A comprehensive selection of AAOS DVDs will be available for your review. These DVDs highlight surgical procedures and current concepts in orthopaedics. Registered attendees will find these DVDs informative and helpful in their practice.

## 2014 Resident/Fellow Award Winners

Congratulations to the following 2014 SOA Resident/Fellow Award Recipients. The award papers will be presented during the Scientific Program at the Annual Meeting.

### SOA Presidents' Resident Award Winner

Travis Wilson, MD, Scott and White Hospital/Texas A&M Health Science Center, Temple, TX

*Body Mass Distribution As A Significant Risk Factor For Complications After Total Hip Arthroplasty*

### Harley & Betty Baxter Resident Award Winners

Mathew J. Mazoch, MD, University of Arkansas for the Medical Sciences, Little Rock, AR

*Diabetes, HgbA1c, And Complications In Revision Hip and Knee Arthroplasty*

Adam A. Sassoon, MD, MS, Orlando Regional Medical Center, Orlando, FL

*Semi-Elective Treatment of Open Tibial Shaft Fractures with Intramedullary Nail Fixation and Primary Wound Closure, Is it Safe?*

### Harley & Betty Baxter Resident Travel Grant Award Winner

Matthew D. Laughlin, DO, William Beaumont Army Medical Center, El Paso, TX

*Enhanced Casualty Care From A Global Military Orthopaedic Teleconsultation Program*

### SOA/OREF Resident Award Winners

Brian E. Etier Jr., MD, University of Alabama at Birmingham, Birmingham, AL

*Fracture Displacement And Neurological Injury In Supracondylar Humerus Fractures In Children*

R. Andrew Henderson, MD, MSc, Duke University Medical Center, Durham, NC

*Decreasing Incidence Of Hip Fracture In The US Medicare Population, 2005-2011*

Gregory S. Van Blarcum, MD, Walter Reed National Military Medical Center, Bethesda, MD

*Does Curve Magnitude/Deformity Correction Correlate With Pulmonary Function After Adult Deformity Surgery?*

### SOA Resident Travel Grant Award Winners

Christopher R. Jones, MD, Duke University Medical Center, Durham, NC

*Deltoid Ligament Repair Vs. Syndesmotic Fixation In Bimalleolar Equivalent Ankle Fractures*

Lauren C. Leffler, MD, Greenville Health System, Greenville, SC

*Immobilization Versus Observation in Children with Toddler's Fractures: A Retrospective Review*

Scott C. Wagner, MD, Walter Reed National Military Medical Center, Bethesda, MD

*Outcomes Of Single-Level Cervical Disc Arthroplasty Versus Anterior Cervical Discectomy And Fusion: A Single Center, Retrospective Review*



## How Much Are You Leaving on the Table? Improving Your After-Tax Financial Efficiency

Carole C. Foos, CPA & David B. Mandell, JD, MBA

Most physicians strive to achieve two goals in their practice – to “do good,” by being a quality practitioner and helping patients; and to “do well” in terms of financial rewards. Unfortunately, as to the second goal, many physicians in private practice do not operate their practices with optimal after-tax efficiency. In fact, we often see doctors leaving tens of thousands of dollars “on the table” each year – which can equate to nearly \$1 million of lost wealth over a career. The good news is that many of you reading this can likely improve your post-tax bottom line in a number of ways.

### Time is of the Essence

There is truly no better time than now over the last 30 years to focus on post-tax efficiency. As you know, when President Obama signed the Taxpayer Relief Act of 2012 in early January

2013, taxes increased on high-income taxpayers like most of you – in some cases, dramatically. While the details of the “fiscal cliff” deal is a topic for another article, the important take-aways are:

1. Many physicians face a 50%+ marginal income tax regime, when all of the new tax increases are accounted for. Depending on the city/state where you live, tax rates are now between 45-55%, no less. Income tax planning is more important now than at any time in the last 30 years.

2. These higher rates will apply to more income, with the reinstatement of the itemized deduction limitations and the personal exemption phase-out.

3. Total taxes on long term capital gains and dividends can now reach 23-33% when the new federal tax, healthcare reform tax and state and local taxes are assessed.

### The Common Causes of Dollars “Left on the Table”

While the causes of “dollars left on the table” in a medical practice can range from billing errors to unproductive employees, our expertise and focus is corporate structure, tax reduction and benefit planning. For this article, we will focus on three strategies for recapturing some of the funds left on the table:

1. Using the ideal corporate structure;
2. Maximizing tax-deductible benefits for the physician-owner(s); and

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## Money Matters continued...

### 3. Utilizing a captive insurance arrangement

The most important thing you can do is keep an open mind. Just because you have operated your practice a certain way for 5, 10 or 20 years, you don't have to keep doing the same thing. Changing just a few areas of your practice could recover \$10,000 to \$100,000 of "lost dollars" annually. Let's explore the 3 areas:

#### 1. Using the Ideal Corporate Structure

Choosing the form and structure of one's medical practice is an important decision and one that can have a direct impact on your financial efficiency and the state and federal taxes you will owe every April 15. Yet from our experiences in examining over 1,000 medical practices of our clients, most physicians get it wrong. Here are a few ideas to consider when thinking about your present corporate structure:

A. You must avoid using a partnership, proprietorship, or "disregarded entity": These entities are asset protection nightmares and can be tax traps for physicians. Nonetheless, we have seen very successful doctors operating their practices as such. The good news is that doctors who run their practices as a partnership, proprietorship, or disregarded entity have a tremendous opportunity to find "dollars on the table" through lower taxes – especially on the 3.8% Medicare tax on income. This can be a \$10,000-30,000 annual recovery.

B. If you use an "S" corporation, don't treat it like a "C" corporation. We estimate that 60%-70% of all medical practices are "S" corporations. Unfortunately, many physicians do not take advantage of their "S" corporation status – using inefficient compensation structures that completely erase the tax benefits of having the "S" in the first place. If your practice is an "S" corporation, you should maximize your Medicare tax savings through your compensation system in a reasonable way. This can be a \$10,000-30,000 annual recovery for practices not properly structured.

C. Implement a "C" corporation. Once upon a time, "C" corporations were the most popular entity for U.S. medical practices. Today, fewer than 15% of medical practices operate as "C" corporations. Why? We believe it is because

most physicians, bookkeepers and accountants focus on avoiding the corporate and individual "double tax" problem.

While this is crucial to the proper use of a "C" corporation, it is only one of a number of important considerations a physician must make when choosing the proper entity. A common mistake is to overlook the tax-deductible benefit plans that are only available to "C" corporations. If you have not recently examined the potential tax benefits you would receive by converting your practice to a "C" corporation, we recommend that you do so. Utilizing benefit plans that only a "C" corporation can offer can create a \$10,000-30,000 annual improvement.

D. Get the Best of Both Worlds – Use Multiple Entities. Very few medical practices use more than one entity for the operation of the practice... and, if they do, it is simply to own the practice real estate. While this tactic is also wise from an asset-protection perspective, its tax benefits are typically non-existent.

Successful practices can often benefit from a superior practice structure that includes both an "S" and a "C" corporation. This can create both tax reduction and asset protection advantages. If you have not explored the benefits of using both an "S" and "C" corporation to get the best of both worlds in planning, now is the time to do so. Utilizing a two-entity structure properly can create a \$10,000-40,000 annual improvement.

#### 2. Maximizing Tax-Deductible Benefits for the Doctors in the Practice

If you are serious about capturing "dollars left on the table," tax efficient benefit planning must be a focus. Benefit planning can definitely help you reduce taxes, but that is not enough. Benefits plans that deliver a disproportionate amount of the benefits to employees can be deductible to the practice, but too costly for the practice-owners. These plans can be considered *inefficient*. To create an efficient benefit plan, physicians need to combine qualified retirement plans (QRPs), non-qualified plans and "hybrid plans." Nearly 95% of the physicians who have contacted us over the years have some type of QRP in place. These include 401(k)'s, profit-sharing plans, money purchase plans, defined benefit plans, 403(b)'s, SEP or SIMPLE IRAs, and other variations. This is positive, as contributions to these plans are typically 100% tax deductible and the funds in these plans are afforded excellent asset protection. However, there are two

problems with this approach: i.) many QRPs are outdated; and ii.) QRPs are only one piece of puzzle.

First, most physicians have not examined their QRPs in the last few years. The Pension Protection Act improved the QRP options for many doctors. In other words, many of you may be using an "outdated" plan and forgoing further contributions and deductions allowed under the most recent rule changes. By maximizing your QRP under the new rules, you could increase your deductions by tens of thousands of dollars annually, depending on your current plan.

Second, the vast majority of physicians begin and end their retirement planning with QRPs. Most have not analyzed, let alone implemented, any other type of benefit plan. Have you explored fringe benefit plans, non-qualified plans or "hybrid plans" recently? The unfortunate truth for many physicians is that they are unaware of plans that enjoy favorable short-term and long-term tax treatment. These can have annual tax advantages that vary widely (\$0-50,000) and also have varying degrees of long term tax value as well. If you have not yet analyzed all options for your practice, we highly encourage you to do so.

#### 3. Utilizing Captive Insurance Arrangements

For practices with gross revenues over \$3 million, a small captive insurance arrangement might be significant way to recapture "dollars left on the table." Today, there are likely many risks in your practice that are going uninsured – from excess malpractice, economic risks, employee risks, and litigation defense risks from any number of audit or fraud claims. Like most physicians, you likely just save funds personally and hope that these risks don't come to fruition. As a result of your *de facto* "self-insurance," you are not taking advantage of the risk management, profit enhancing and tax reduction benefits that are available to you with a captive.

By creating your own captive insurance company (CIC), you can essentially create a pre-tax war chest to manage such risks. If structured properly, the CIC enjoys tremendous risk management, tax and asset protection benefits. The potential tax efficiency, in fact, can be in the hundreds of thousands of dollars annually. While an experienced law firm, captive management firm, and asset management firm are

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## Taking On Practice Debt

Brought to you by Somerset CPAs, P.C.



A short-term loan or line of credit is often the solution to a medical practice's temporary cash flow problems. For an investment in equipment or office space, longer term financing may be appropriate. Before you borrow, you'll want to carefully evaluate your practice's needs and gather the financial information lenders will require when they are reviewing your request for credit.

### What's Required?

It makes sense that prospective lenders will want to assess your practice's ability to repay the amount it borrows. Along with tax returns, prospective lenders may ask your practice to provide formal financial statements. In some cases, lenders may require financial forecasts in addition to recent financial statements.

### Collateral and Guarantees

Lenders typically insist on collateral as security for any loans they make. In the case of a medical practice, acceptable collateral may include practice equipment and accounts receivable. With respect to accounts receivable, prospective lenders will be interested in knowing not just the amounts recorded on your books, but also the percentage of your receivables you expect to collect. Be prepared to substantiate your average collection rate with historical data.

Don't be surprised if lenders require you and your partners to personally guarantee the practice's debt. You may even be asked to provide personal collateral as security for a loan.

### Look at Multiple Financing Sources

It's a given that rates and terms on most types of loans vary from one lender to another. At a minimum, you'll probably want to contact three lenders. Review their proposals and compare fees, interest rates, and other terms. Some lenders whose terms may not seem initially attractive may make a counteroffer if they learn you are in discussions with other lenders.

Pay careful attention to any proposed loan covenants that will require your practice to meet certain requirements while the loan is outstanding. For example, an agreement might require your practice to submit periodic financial statements to the lender and maintain specified levels of working capital and net worth. The lender will have the right to take certain steps -- such as modify the loan's terms or even call the loan -- if your practice fails to meet the covenants.

As an alternative to seeking outside financing that demands collateral, some physicians opt to loan money to their practices, backing their actions with a formal loan agreement that specifies an interest rate, repayment terms, and other particulars about the loan.

We can work with you to determine your practice's ability to carry the debt you are considering, ensure you have the necessary financial information to give prospective lenders, and evaluate the loan proposals you receive.

### Look at Taxes

The cost of acquiring new equipment for your practice can be mitigated somewhat by taking advantage of certain tax law provisions. For example, you can elect Section 179 expensing for up to \$500,000 of qualified assets acquired in 2013, with a \$2 million threshold over which the maximum deduction begins to phase out. After 2013, these numbers are scheduled to be reduced to \$25,000 and \$200,000, respectively. Also, as part of its attempts to stimulate the economy, Congress has extended a provision allowing business taxpayers to claim 50% "bonus" first-year depreciation for certain asset purchases placed in service through 2013.

### We Can Help

We can help you identify areas where streamlining operations may help optimize your practice's bottom line. Please contact a member of our Health Care Team at 317.472.2200 or [info@somersetcpas.com](mailto:info@somersetcpas.com)

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## Money Matters continued...

crucial, you as the captive owner can maintain control of the CIC throughout its life. It can then become a powerful wealth creation tool for your retirement.

### Conclusion

Nearly every one of you reading this article would like to be more tax efficient, especially with a new higher tax regime in place. We hope these new tax rules motivate you to make tax and efficiency planning a priority, so you too can recapture the "dollars left on the table." We welcome your questions. © Guardian Publishing

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David B. Mandell, JD, MBA, is an attorney and author of five national books for doctors, including *FOR DOCTORS Only: A Guide to Working Less & Building More*, as well as a number of state books. He is a principal of the financial consulting firm OJM Group ([www.ojmgroupp.com](http://www.ojmgroupp.com)), which works collaboratively with physicians and their CPAs nationwide. Carole C. Foos, CPA works as a tax consultant for OJM Group. They can be reached at 877-656-4362 or [mandell@ojmgroupp.com](mailto:mandell@ojmgroupp.com).

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## Do You Know a Qualified MD or DO Orthopaedic Colleague Who Is Not an SOA Member?

### New Member Incentive

Refer and sponsor **one** new member and receive 1/2 off the registration fee for the next annual meeting.

Refer and sponsor **two** new members and the registration fee for the next meeting is waived.

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Completion of an accredited residency program and privileges to practice as an orthopaedist in a local hospital are the requirements for both MD and DO candidates.

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Registration!**

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