



TREATMENT WORKS | RECOVERY IS POSSIBLE

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slip

WWW.ALABAMAPSYCH.ORG

## Don't get dropped! Renew your membership by March 31

March 31 is the last day to pay your 2017 dues and continue your member benefits without interruption. As we work toward new member opportunities and initiatives, we look forward to your continued support. It's not too late! **Renew your membership today** and keep building on the success we have already achieved together. Prefer to pay your dues over time? **Sign up for the Scheduled Payment Plan** to make smaller payments monthly, quarterly or biannually.

### Important change announced for logging into APA website

If you have not already done so, you will need to use a new username and password for logging into [APA's website](#). The new log-in requires use of the email address you have on file with APA and a new password. You can reset your password by selecting "Forgot Password?" on the account login page or by calling APA customer service at (703) 907-7300.

Your new psychiatry.org account will enable you to:

- Quickly pay your dues online, or enroll in a scheduled payment plan.
- Complete your profile to enjoy a more personalized membership experience.
- Update your email communication preferences.
- Enroll in your Members' Course of the Month and 90+ other CME activities free to members in the APA Learning Center. 

APPA's  
Spring  
Conference

April 21-22

Renaissance Montgomery  
Hotel and Spa

See page 6 for  
Conference Agenda

Register online at [www.tinyurl.com/APPA2017SpringConference](http://www.tinyurl.com/APPA2017SpringConference)  
or use the form on page 7.

## APA concerned about proposed ACA replacement bill

ARLINGTON, Va. March 7, 2017 – The American Psychiatric Association (APA) is deeply concerned that the proposed ACA replacement will negatively impact care for people with mental illness and substance use disorders. The APA urges continued support and expanded access to quality, evidence-based mental health and substance use services.

Mental illness is prevalent in the United States. According to the National Institute of Mental Health, more than 68 million Americans experienced a psychiatric or substance use disorder in the past year. Depression alone has an annual negative economic

impact of \$210.5 billion.

It is unknown how many people will lose coverage under this proposal, but discussions on implementing significant reforms to the current Affordable Care Act and Medicaid raise the possibility that a large number of people with mental illness or substance abuse disorders will lose some or all of their coverage.

"While a number of details about the potential impact of the proposed ACA replacement remain unknown, our current

*continued on page 5*

## WHAT'S UP AROUND THE STATE...

## Birmingham



## BIRMINGHAM PSYCHIATRIC SOCIETY



For More information about the Birmingham Psychiatric Society, contact BPS President Paul O'Leary,

MD at [dr.paul@me.com](mailto:dr.paul@me.com).

## Central Alabama

For More information about the Central Alabama Society, contact Linda Teel at (334) 288-9009 ext. 207 or [linda.teel@mpa1040.com](mailto:linda.teel@mpa1040.com).



## Mobile



For more information about the Mobile Bay Psychiatric Society, contact James Hart, DO, at

[jimfh@icloud.com](mailto:jimfh@icloud.com).

## Tuscaloosa

If you live in the Tuscaloosa area and would like to get connected with your fellow colleagues, check out the Tuscaloosa Chapter of APPA. Contact Thaddeus Ulzen, MD, at [tulzen@cchs.ua.edu](mailto:tulzen@cchs.ua.edu) for more information. 



## Mental Health Summit Summary

*Nadia Tayeb, MD, UAB psychiatry resident and member Birmingham NAMI Board*

"A Mental Health Summit: A Matter of Time (A Strategic Discussion for Solving Alabama's Mental Health Crisis)" sponsored by the National Alliance on Mental Illness (NAMI), Alabama Disabilities Advocacy Program (ADAP), and the Alabama Council for Behavioral Healthcare took place on Jan. 19, 2017.

There were several great speakers, including Commissioner Jim Perdue, Crisis Intervention Team (CIT) Training Founder Sam Cochran, Judge Steve Leifman from Florida, NAMI Alabama President Jimmy Walsh, Judge Stephen Wallace from the Mental Health Court, Dr. Pete Lane and Dr. Jackie Feldman from UAB, *Washington Post* Journalist Pete Early, as well as a family member (Joan Elder), and a consumer (Mark Litvane).

Several important topics were discussed, foremost ending the criminalization of mental illness. The audience consisted of law enforcement officers, legislators, consumers, family members, providers and state officials. It is imperative mental health and health care providers be aware of and appreciate the proposed legislation outlined during this very important meeting.

### Alabama Mental Health funding needs

- \$35 million to restore the general fund cut that was made to the Alabama Department of Mental Health in 2009.
- \$9.8 million to restore services that have been reduced since 2009 due to continued level funding.
- \$24 million to expand approximately 400 additional community residential beds and support services (in order to alleviate the waiting lists at Bryce Hospital and Taylor Hardin to prevent persons with mental illness from being held in local jails while awaiting evaluations).

### CIT proposed legislation

- Requires training for all new law enforcement officers starting no later than Jan. 1, 2018.
- Requires initial training for all law enforcement officers no later than Sept. 30, 2019.
- Requires refresher training for all active law enforcement officers not less than once every five years.
- Training to become a regular part of the curriculum at all law enforcement training programs in Alabama.

To learn more about CIT training, and how it can reduce the costs of time and money associated with jailing and court proceedings, as well as its benefits for individuals living with mental illness and their families, please visit <http://www.citinternational.org/>. 

## Two Alabama residency programs achieve APA membership honor

The following programs have achieved the elite honor of joining the APA 100% Club!

- **University of Alabama Medical Center Birmingham – Gold\***
- **University of South Alabama – Platinum\*** (one of nine in the nation)

APA's 100% Club is designed to support psychiatric residents while promoting a collaborative community of training programs throughout the United States and Canada.

*\*Gold Level: Programs that have 100% of their residents as APA members.*

*\*Platinum Level: Programs that have been part of 100% Club Gold Level for the past five consecutive years.* 

## 540-X-4-.09 Risk and Abuse Mitigation Strategies by Prescribing Physicians

On Jan. 18, 2017, the Alabama Board of Medical Examiners approved for final adoption, proposed rule 540-X-4-.09, Risk and Abuse Mitigation Strategies (RMS) by Prescribing Physicians. This rule will become effective on March 9, 2017.

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases. The Board adopts the “Morphine Milligram Equivalency” (MME) daily standard as set out by the Centers for Disease Control and Prevention (CDC) for calculating the morphine equivalence of opioid dosages.

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

- (a) Pill counts;
- (b) Urine drug screening;
- (c) PDMP checks;
- (d) Consideration of abuse-deterrent medications;
- (e) Monitoring the patient for aberrant behavior;
- (f) Providing a patient with opiate risk education prior to prescribing controlled substances; and
- (g) Using validated risk-assessment tools, examples of which shall be maintained by the Board.

(3) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the Board sets forth the following requirements for the use of Alabama’s Prescription Drug Monitoring Program (PDMP):

- (a) For controlled substance prescriptions totaling 30 MME or less per day, physicians are expected to use the PDMP in a manner consistent with good clinical practice.
- (b) When prescribing a patient controlled substances of more than 30 MME per day, physicians shall review that patient’s prescribing history through the PDMP at least two (2) times per year, and each physician is responsible for documenting the use of risk and abuse mitigation strategies in the patient’s medical record.

(c) Physicians shall query the PDMP to review a patient’s prescribing history every time a prescription for more than 90 MME per day is written, on the same day the prescription is written.

(4) Exemptions: The Board’s PDMP requirements do not apply to physicians writing controlled substance prescriptions for:

- (a) Nursing home patients;
- (b) Hospice patients, where the prescription indicates hospice on the physical prescription;
- (c) When treating a patient for active, malignant pain; or
- (d) Intra-operative patient care.

(5) Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, physicians should reconsider a patient’s existing benzodiazepine prescriptions or decline to add one when prescribing an opioid and consider alternative forms of treatment.

(6) Effective Jan. 1, 2018, each holder of an Alabama Controlled Substances Certificate (ACSC) shall acquire two (2) credits of *AMA PRA Category 1*<sup>TM</sup> continuing medical education (CME) in controlled substance prescribing every two (2) years as part of the licensee’s yearly CME requirement. The controlled substance prescribing education shall include instruction on controlled substance prescribing practices, recognizing signs of the abuse or misuse of controlled substances, or controlled substance prescribing for chronic pain management.

(7) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics, have a risk of addiction, misuse, and diversion. Physicians are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the physician when prescribing a patient medication from multiple controlled substance drug classes.

(8) A violation of this rule is grounds for the suspension, restriction, or revocation of a physician’s Alabama Controlled Substances Certificate or license to practice medicine. 

## MACRA 101: Part 1

*The American Psychiatric Association has developed a MACRA 101 Primer, which is available on its website, [www.psychiatry.org](http://www.psychiatry.org). In the next few issues, APPA will publish the Primer in the Freudian Slip. You may see the full Primer on the [APA website](http://www.apa.org).*

The Medicare program is transforming how it reimburses psychiatrists and other clinicians for providing services, under a 2015 law called the Medicare Access and CHIP Reauthorization Act (MACRA). The changes are designed to reward physicians for demonstrating a high level of quality of care or participating in new models of care that reward quality and efficiency. The Centers for Medicare and

Medicaid Services (CMS) issued the first MACRA final rule and regulations in the Nov. 4, 2016, *Federal Register*. These reforms are likely to have an impact on many psychiatrists, even those who do not participate in Medicare. Other payers are looking to these policies as a model for their own reforms.

### How Does the MACRA Stabilize Medicare Payments to Psychiatrists?

The MACRA repeals the flawed sustainable growth rate (SGR) formula that triggered deep cuts in payments for physician services, year after year. In its

place, the law requires annual, across-the-board “updates” (increases) in Medicare Part B payments of: 0.5% per year from July 2015 through 2019; 0% (a “freeze”) from 2020 through 2025; and starting in 2026, 0.75% for qualifying participants in certain alternative payment models, and 0.25% for all others. The Medicare Payment Advisory Commission will report to Congress each year on whether the update scheduled for the next year is sufficient. Then Congress can decide whether to legislate any changes.

*continued on page 4*

## MACRA 101 continued

### What are the Two New Pathways Under MACRA?

There are two new pathways under the MACRA for psychiatrists to earn substantial rewards. First, the Merit-Based Incentive Payment System (MIPS) replaces existing Medicare quality programs and offers the first real opportunity for clinicians to receive sizable rewards for meeting quality metrics and achieving a high level of performance. Second, physicians who participate in “advanced” alternative payment models can earn a 5% bonus for each year they meet the qualifying criteria. The MACRA includes \$100 million for technical assistance to small and rural practices and those in health professional shortage areas for transitioning to MIPS reporting and new models of care.

### The Merit-Based Incentive Payment System (MIPS)

The MIPS program consolidates aspects of the current Medicare quality programs, adds a new category, and offers the first substantial rewards for achieving high quality of care. The MIPS replaces the Physician Quality Reporting System (PQRS), Electronic Health Records Meaningful Use (EHR MU), and Value-Based Payment Modifier (VM), starting with 2017 reporting and 2019 payments. CMS has also made a commitment to ease physicians’ administrative burden and maintain flexibility in this program.

### Who are MIPS “Eligible Clinicians”?

For MIPS reporting in 2017 and 2018, “eligible clinicians” are limited to physicians, physician assistants, nurse practitioners, clinical nurse specialists, and nurse anesthetists. Starting with reporting in 2019 and payments in 2021, CMS plans to add other types of non-physician practitioners, including clinical psychologists and clinical social workers.

The MIPS program only applies to psychiatrists (and other eligible clinicians) who either participate in Medicare or have “non-participating” status in Medicare. It does not apply to psychiatrists who formally “opt out” of Medicare.

The program covers only Medicare Part B payments for “physician services” covered by the Medicare Physician Fee Schedule. This includes payments to psychiatrists for seeing patients in Federally Qualified Health Centers and Rural Health Clinics, if those payments are separate from the federal bundled payment. The MIPS

program does not apply to Medicare Part A (hospitals, etc.); Part C (Medicare Advantage) or Part D (prescription drug plans).

### What if I Have Few Medicare Patients or Just Enrolled in Medicare?

Many psychiatrists will be exempt from MIPS reporting requirements and payment adjustments. The MACRA exempts clinicians from MIPS reporting requirements (and payment adjustments) if they fall below a “low-volume threshold.” CMS has defined this threshold as excluding any individual psychiatrist or group practice if, during the reporting/performance year, they either: a) had Medicare Part B allowed charges less than or equal to \$30,000; or b) provided care for 100 or fewer Part B-enrolled Medicare beneficiaries. The threshold was set fairly low to reduce “the risk of clinicians withdrawing as Medicare suppliers” and “mitigate an undue burden on small practices.”

For 2017 reporting, CMS estimates the low-volume threshold will exclude 49% (16,521) of the 33,632 psychiatrists who reportedly now see Medicare Part B beneficiaries. Another 8% (2,689 psychiatrists) are estimated to be excluded because they just enrolled in Medicare that year. These psychiatrists can still do MIPS reporting if they want, but they will not receive a MIPS payment adjustment.

### How Will I Know if I’m Excluded?

CMS is planning to create a “NPI level lookup feature” that will allow psychiatrists and other clinicians to determine if they are below the low-volume threshold and therefore excluded from MIPS. This should be ready in January 2017 or shortly thereafter. More information will be available at [QPP.CMS.gov](http://QPP.CMS.gov).

CMS plans to review past claims to see who falls under the threshold. For each MIPS reporting year, clinicians will have two 12-month time periods in which to qualify. They can be excluded if their Medicare Part B allowed charges or beneficiaries meet the low-volume threshold in either (or both) of these periods. For the 2017 reporting year, these two qualifying periods are from September 2015 through August 2016, or September 2016 through August 2017.

The low-volume analysis will be calculated separately at the individual NPI (National Provider Identifier) level, and then also at the group TIN (Tax Identification Number) level, depending on how each clinician is paid. Those who are

paid through both their NPI and one or more TINs may be excluded with respect to their NPI billings, but not with respect to the TIN(s). This may be true for many psychiatrists, as groups are subject to the same standards as individual practices – no more than \$30,000 in Part B allowed charges and no more than 100 beneficiaries enrolled in Part B.

### MIPS Reporting and Adjustments

The basic MIPS annual bonuses and penalties will be up to 4% in 2019, 5% in 2020, 7% in 2021, and 9% starting in 2022. These are calculated for each eligible clinician (or group) and occur as an addition or reduction to their Medicare Part B payments. These are budget-neutral, so individual bonuses will be “scaled” so the totals of all bonuses and penalties for that year are roughly equal. The penalties cannot go above the annual ceiling for that year (e.g., 4% in 2019). There is an additional, separate bonus from 2019 through 2024, for “exceptional performers” whose performance is scored in the top sector (usually the top 25%). This bonus can be up to an extra 10%, for up to a total of \$500 million per year.

### What is “Pick Your Pace” Reporting for 2017?

MIPS reporting begins in 2017, with payment adjustments starting in January 2019. Generally, the MIPS reporting (and performance) period will be the calendar year 2 years prior to the year of payment adjustments. However, for 2017, the first reporting year, CMS is allowing clinicians more time to transition to the MIPS program by adopting relaxed requirements known as the “Pick Your Pace” approach with five options for 2017 reporting:

1. Avoid the 4% penalty by reporting one quality measure, one Improvement Activity, or all five Advancing Care Information Base Score measures for part of 2017;
2. Possibly earn a “small” bonus by reporting complete MIPS data for at least 90 days;
3. Possibly earn a “modest” bonus by reporting complete MIPS data for the whole year;
4. Earn a MIPS exemption by meeting the definition of a “Qualifying Participant” or “Partially Qualifying Participant” in an “Advanced Alternative Payment Model”; or
5. Not report at all, and receive the full 4% MIPS penalty.

*MACRA 101 will be continued in the next edition of Freudian Slip.* 🌐

SAVE *the* DATE

## Coming Attractions

### 2017 APPA Spring Conference

April 21-22 | Montgomery Renaissance Hotel and Spa  
Room reservation deadline is March 22. Call (800) 468-3571.

### 2017 APPA Fall Conference

October 28 | Ross Bridge Resort, Birmingham

### 2018 APPA Spring Conference

April 20-21 | Embassy Suites, Montgomery

### 2018 APPA Fall Conference

October 6 | Battle House, Mobile

### 2019 APPA Spring Conference

April 5-7 | Sandestin Golf and Beach Resort, Florida

## Physician Finder

MHM is actively recruiting BE/BC psychiatrists in Montgomery and Birmingham for part or full time opportunities. MHM offers comprehensive benefits to psychiatrists who work 30 hours per week to include health, 401k, healthcare, 34 paid days off and much, much more! To learn more about MHM and the outstanding employed practice opportunities, please email: [Teffany@mhmcareers.com](mailto:Teffany@mhmcareers.com).

Do you have an opening for a physician in your practice? Let APPA help you find the right candidate to meet your needs. Contact **Charlotte Morris** at [cmorris@alamedical.org](mailto:cmorris@alamedical.org).

## ACA replacement bill continued

understanding of the proposal raises many concerns for people with mental illness," said APA President Maria A. Oquendo, MD, PhD. "Particularly concerning are proposed changes to the Medicaid expansion program. Nearly one-third of people receiving coverage through Medicaid expansion have mental health or substance use disorders."

As efforts are made to reform the health system, services for people with mental health and substance use disorders – and their families – must be maintained. We cannot bring down the cost of health care without fully addressing mental health and substance use disorders issues.

### The American Psychiatric Association offers the following recommendations:

- Maintain the current level of coverage for mental health and substance use disorders in health insurance plans.
- Maintain safeguards in private insurance by specifically prohibiting the following:
  - Denying coverage based upon a pre-existing condition;
  - Establishing lifetime and annual dollar limits on essential health benefits; and
  - Discrimination based upon health status, including a history of mental illness or substance abuse.
- Any efforts to restructure Medicaid must ensure sufficient funding for mental health and substance use issues and not shift the cost to states in a way that forces them to tighten eligibility requirements, provider reimbursement, or benefits.
- Ensure full implementation and enforcement of the bipartisan Mental Health Parity and Addiction Equity Act, which calls on insurers to offer coverage for mental health care on par with coverage for any other ailment.

The APA notes that the replacement bill, the American Health Care Act, keeps some positive provisions of the Affordable Care Act intact, such as the provision that allows for preexisting conditions and allowing young adults to stay on their parents' plan until age 26.

"As Congress considers reforms to health insurance coverage it is critical to maintain the significant progress made over the past three years, through bipartisan efforts, to improve access to mental health care," said APA CEO and Medical Director Saul Levin, MD, MPA. "APA is committed to working with members of both parties in Congress to help ensure adequate access to quality mental health care for all those in need." 

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### Alabama Psychiatric Physicians Association

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*The Freudian Slip is published bimonthly. The articles contained in The Freudian Slip are meant to provoke thought and comment and do not necessarily reflect the views and opinions of the members, Executive Council or staff of the Alabama Psychiatric Physicians Association. Comments and letters to the editor are welcome.*

**APPA 2017**

**Spring**

**CONFERENCE**

**April 21-22 • Renaissance Montgomery**

## *AGENDA*

### **FRIDAY, APRIL 21**

**7:00 a.m. – 8:00 a.m.**

Conference Registration  
Breakfast with Exhibitors

**8:00 a.m.**

Welcome

**8:15 a.m. – 9:15 a.m.**

Medical Malpractice for Patient  
Assaults, Murders and Suicides  
M. Jansen Voss, JD, Attorney,  
Scott, Sullivan, Streetman & Fox,  
PC

**9:15 a.m. – 10:15 a.m.**

Suicide Prediction and Prevention:  
A Practical Synthesis of the Evidence  
Charles Rich, MD, Professor  
Emeritus, University of South  
Alabama

**10:15 a.m. – 10:30 a.m.**

Morning Break with Exhibitors

**10:30 a.m. – 12:00 p.m.**

Psychiatric Care for Older Patients  
with Depression  
Susan Lehmann, MD, Associate  
Professor, The Johns Hopkins  
University School of Medicine

**12:00 p.m. – 12:45 p.m.**

Lunch with Exhibitors

**12:45 p.m. – 2:15 p.m.**

Behavioral Health in the Value World  
John Santopietro, MD, FAPA  
Chief Clinical Officer,  
Carolinas HealthCare System

**2:15 p.m. – 3:15 p.m.**

Prion Disease: History, Film and  
Treatment  
William Broughton, MD, Professor,  
USA College of Medicine

**3:15 p.m. – 3:30 p.m.**

Afternoon Break with Exhibitors

**3:30 p.m. – 5:00 p.m.**

The Psychosocial Dimension of  
Psychopharmacology  
David Mintz, MD, Staff Psychiatrist,  
The Austen Riggs Center

**5:00 p.m. – 5:30 p.m.**

Business Meeting

**5:30 p.m. – 6:30 p.m.**

Reception in the Exhibit Hall

### **SATURDAY, APRIL 22**

**7:00 a.m. – 8:00 a.m.**

Registration  
Breakfast with Exhibitors

**8:00 a.m. – 9:30 a.m.**

Detection of Malingering in  
Psychiatric Patients  
David J. Williamson, MBA, PhD  
Principle Medical Science Liaison,  
Janssen Scientific Affairs, LLC

**9:30 a.m. – 10:30 a.m.**

The Role of Bupremorphine in Pain  
and Addiction  
Li Li, MD, Assistant Professor,  
University of Alabama at  
Birmingham

**10:30 a.m. – 10:50 a.m.**

Morning Break with Exhibitors

**10:50 a.m. – 11:00 a.m.**

Poster Awards and Presentations

**11:00 a.m. – 12:00 p.m.**

End of Life Issues in Psychiatry  
Severin Grenoble, MD, Medical  
Director, Horizon Health

**12:00 p.m. – 1:00 p.m.**

Treatment Resistant ADHD  
Jesse C. Martinez, MD, Assistant  
Professor,  
University of Alabama, Birmingham

**1:00 p.m.**

Evaluation/Adjourn

### **EDUCATION**

#### *Accreditation Statement*

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of the State of Alabama through the joint providership of the Medical Foundation of Alabama and the Alabama Psychiatric Physicians Association. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

#### *Designation Statement*

The Medical Foundation of Alabama designates this live activity for a maximum of 12 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

APPA 2017

Spring

CONFERENCE

April 21-22 • Renaissance Montgomery

## REGISTRATION FORM

Name \_\_\_\_\_ Designation  MD  DO  Other \_\_\_\_\_

Address \_\_\_\_\_  RN  Psychologist  Social Worker

City/State/Zip \_\_\_\_\_ Dietary Needs \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Company Name \_\_\_\_\_

Practice Manager \_\_\_\_\_ Practice Manager E-mail \_\_\_\_\_

### FEES (On or before April 14 | After April 14 add \$100)

- Member \$300  Non-Member \$400  Nonphysician Clinician \$170  
 One Day \$200 (Friday)  One Day \$200 (Saturday)  
 Early Career Psychiatrist - FREE  Resident - FREE  Student - FREE  
 Spouse and guests \$50 to attend meals and reception only (Name tag required)

Guest Name \_\_\_\_\_

### REGISTRATION

Go to [www.tinyurl.com/APPA2017SpringConference](http://www.tinyurl.com/APPA2017SpringConference) to register online or send completed form to:  
APPA Spring Conference | Attn. Jennifer Hayes | PO Box 1900 | Montgomery, AL 36102-1900

### ACCOMMODATIONS

Call Renaissance Montgomery Hotel and Spa at (800) 468-3571 and mention the Alabama Psychiatric Physicians Association or follow the link from <http://www.alabamapsych.org/physicians> to book online. Rates are \$135 per night. **APPA's room block expires on March 22.**

### DETAILS

More conference information is online at [www.alabamapsych.org](http://www.alabamapsych.org). If you have special needs and/or need assistance, please contact Jennifer Hayes, at (334) 954-2500 or [JHayes@alamedical.org](mailto:JHayes@alamedical.org).

### PAYMENT

Check payable to APPA Credit Card:  VISA  MasterCard  American Express

Cardholder Name \_\_\_\_\_ Email address for receipt: \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State ZIP \_\_\_\_\_

Signature \_\_\_\_\_ Amount: \$ \_\_\_\_\_