

Grand Rounds

Contract Negotiations

Date: Wed., March 20, 2019
Time: 7:30 am—8:30 am

Place: Monroe County Medical Society

The Park at Allens Creek Rd. 132 Allens Creek Road Rochester, NY 14618

FREE FOR MCMS MEMBERS AND THEIR STAFF

Steven Gersz, Esq. will share his insights into how to negotiate a physician contract with these key considerations:

- Job Description, Duties & Work Schedule
- Qualifying Contingencies
- Compensation Package
- Malpractice Insurance
- Term & Termination
- Understanding Non-Compete Covenants

Program Registration Fees

MCMS & 7th District Members & Staff: Free

Non-members: \$20 per person



Presenter:
Steve Gersz, Esq.
Underberg & Kessler LLP

From mergers and acquisitions to emerging technology companies, Steve has immersed himself in business and corporate law his

entire legal career. He is a partner and immediate past chair of Underberg & Kessler's Corporate & Business Practice Group, and has extensive experience in the organization and development of business and professional entities; mergers, acquisitions and dispositions; equity and debt financings; and federal and state securities law.

As both an attorney and a community volunteer, Steve is actively involved in healthcare matters. He has represented physicians, medical groups and other health care providers on a wide variety of legal matters.

For more information, contact Ronaele King at (585) 473-7573 or rking@mcms.org.

MCMS Grand Rounds: Contract Negotiations — March 20, 2019 Online registration is available at www.mcms.org

Name(s): Practice Name: E-mail: Phone Number: MCMS may photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of their attendance, all program participants agree to the use of the event photo in MCMS marketing. Registration Fees: MCMS and 7th District Members: Free Non-members: \$20 per person *Note to Nonmembers: If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment. is enclosed. (Check payable to "MCMS") ☐ Please e-mail a receipt. ☐ Payment of \$ ☐ Please bill my credit card in the amount of \$ Cardholder Name: Exp. Date: Verification Code: Card Number: Address associated with card:

Send completed form and payment to:

Monroe County Medical Society, 132 Allens Creek Rd.. Rochester, NY 14618 Fax: (585) 473-7641 Email: rking@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Ronaele King at rking@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at rking@mcms.org or at 585-473-7573.