



Connecticut Society of Eye Physicians

2024 COMECC Contribution Form

P.O. Box 854, Litchfield, CT 06759

Fax to 860-496-1830 or Email debbiesborn36@yahoo.com

This portion can be faxed back to 860-496-1830 for your 2024 COMECC voluntary contribution using a credit card

_____ Visa _____ Mastercard _____ American Express

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(16 digit card number)

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(Expiration date)

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*3 digit # that appears on the back of the Visa/Mastercard

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\$ _____ Total amount charged **RECOMMENDED AMOUNT \$275.00**

----- \$300 ----- \$500 ----- \$750 ----- \$1,000 ----- other

(Card holder's name)

(Card holder's signature)

(Card holder's address where statement is mailed)

(Practice name)

(City - State)

5 digit Zipcode (required) _____

_____ Email address

Please print the name on the credit card and who COMECC is being paid for:

Personal checks can be mailed to:

COMECC, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759
email form to debbiesborn36@yahoo.com or fax to 860-496-1830

Connecticut Ophthalmic Medical Eye Care Committee

Dear College,

As you know physicians are being challenged by many groups.

- Midlevels continue to look to expand scope of practice
- Insurers deny payment, challenge medical decisions and use numerous delay tactics adding to the enormous administrative burden physicians face
- Trial bar continues to flex their muscle causing a chilling environment to practice medicine in

There is much work needed and only a united voice can preserve our profession and insure quality health care.

Please donate to this worthwhile Ophthalmology PAC so we can have that strong united voice.

Sincerely,
Bill Ehlers, MD
Comecc PAC Chair

