



# Connecticut Society of Eye Physicians

## 2025 COMECC Contribution Form

P.O. Box 854, Litchfield, CT 06759

Fax to 860-496-1830 or Email [debbieosborn36@yahoo.com](mailto:debbieosborn36@yahoo.com)

This portion can be faxed back to 860-496-1830 for your 2025 COMECC voluntary contribution using a credit card

\_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard      \_\_\_\_\_ American Express

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(16 digit card number)

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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

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

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**Personal checks can be mailed to:**

COMECC, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759  
email form to [debbieosborn36@yahoo.com](mailto:debbieosborn36@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

