



Personal Insurance Options Available at Excellent CAP Group Rates

**Your 2025 Open Enrollment Period
Closes on November 30, 2025!**

Members of the Cooperative of American Physicians (CAP) have until November 30, 2025, to take advantage of competitively priced insurance products through Symphony Health. The new coverage period goes into effect January 1, 2026.



As a CAP member, you can benefit from excellent group rates and the expertise of licensed insurance agents who have a deep understanding of your unique needs as a physician.

**This is the only time of year that you can upgrade your
existing benefits or select new coverages!**

The following policies are available to protect you and your family against unexpected life events that could threaten your financial security:

- **Life Insurance** – Up to \$500,000
- **Short-Term Disability Insurance**¹ – \$1,000 weekly
- **Long-Term Disability Insurance**^{1,2} – Up to \$15,000/month – **New Increased Coverage Amount**
- **Critical Illness Insurance**³ – Up to \$30,000 lump sum
- **Accident Insurance** – Affordable coverage for the unforeseen
- **Dental and Vision Insurance** – Significant savings on routine care and major services without a waiting period
- **Hospital Indemnity Insurance** – Up to \$2,000 for admission and \$400/day for 15 days. No pre-existing condition exclusions.
- And many more!

Learn More and Enroll! www.CAPphysicians.com/Enroll

Need Help? Contact Symphony Health

Call: 213-576-8530 Email: HealthCareServices@SymphonyRisk.com

NOVEMBER 2025

Here are five smart reasons to secure your personal insurance coverages through Symphony Health during this limited-time open enrollment period:

1. Symphony Health's licensed agents are experienced in tailoring coverage just for physicians.
2. Symphony Health has your best interests as their number one priority.
3. All your personal insurance needs are covered in a one-stop-shop from an industry-leading carrier (MetLife).
4. Enjoy benefits for the entire family.
5. Easy access to coverages at specially negotiated rates just for CAP members.

Important Notice

The portal to enroll in these insurance benefits is new and is typically intended for large associations and employer groups, offering CAP members the benefit of purchasing these customized insurance plans at group rates with flexible coverage options.

While the portal may reference "employee," "employer," or "company," these terms do not apply to CAP members, so you may disregard them.

If you currently hold personal insurance policies through Symphony Health, you will still need to register as a new user to access this platform for the first time.

Get started at: www.CAPphysicians.com/Enroll

- Please select **"First Time User"** in the log-in box
(please disregard references to employer or employee on this screen)
- On the next screen, please select **"Employee"**
- Enter the information requested and click **"Continue"**
- Create your username and password and click **"Continue"**
- Click **"Continue"** once your credentials are saved to return to the login page
- Log in and follow the instructions on the homepage to access coverage options

CAP members can access these tailored insurance products at special group rates through CAP's relationship with Symphony Health, a division of Symphony Risk Solutions. Designed specifically for CAP, these programs help members save on costs while receiving expert guidance to select the right coverage for their needs. ➤

¹Limited time pre-existing conditions exclusions apply. To be eligible, you must be working in healthcare at least 17.5 hours/week and cannot be currently disabled or at the time coverage becomes effective. Other limited time preexisting condition exclusions may apply.

²Income from the tax year immediately prior will be used to determine benefit at time of claim.

³Income benefits details available in the Resources section of the enrollment portal or call to request. Preexisting exclusion applies (except for heart attack or stroke).

Inaugural CAP Advocacy in Action Program

Policy Engagement to Safeguard Independent Practice



On October 15, CAP proudly hosted the inaugural Advocacy in Action Legislative Series—a dynamic, in-person event designed to connect physicians with key state legislators shaping healthcare policy in California.

Held at CAP's downtown Los Angeles headquarters, the event also celebrated CAP's 50th anniversary. Assemblymember Mark González (D-Los Angeles) presented a special proclamation recognizing CAP's decades of service to California's medical community.

More than 50 CAP physician members attended the program, which featured insightful discussions with Assemblymember **Mark González**, Assemblymember **Pilar Schiavo** (D-Chatsworth), and Senator **Suzette Martinez Valladares** (R-Valencia). The legislators addressed pressing issues impacting physicians

and patients alike, including reimbursement, prior authorization, administrative burdens, and the future of independent practice, and answered questions from those in the audience.

CAP is deeply grateful to our members for participating in this important dialogue. Your presence and perspectives help strengthen our collective voice to ensure policymakers are informed and educated on the realities of practicing medicine today.

Through continued advocacy and future initiatives, CAP remains committed to supporting independent physicians and advancing meaningful policy change across the state.

Continue to watch this space for future events where your participation plays a vital role. ➡

NOVEMBER 2025

RISK MANAGEMENT AND PATIENT SAFETY NEWS



The Modern House Call: Ensuring Patient and Physician Safety at Home

Monica Ludwick, Pharm. D.

House calls have reemerged as a valuable tool in healthcare, offering patients personalized and convenient care in the comfort of their own homes. Physicians should be aware of the unique set of challenges and risks associated with house calls that must be managed effectively to ensure the safety of both patients and healthcare providers.

By implementing best practices in risk management and patient safety, healthcare professionals can navigate these challenges and deliver high-quality care during house calls.

Before embarking on a house call, it is essential to conduct a **comprehensive risk assessment**. This assessment should include evaluating the patient's medical condition, the location of the home visit, and any potential hazards that may be present in the patient's home. By identifying and addressing potential risks upfront, healthcare providers can better prepare for any unforeseen circumstances that may arise during the visit.

Communication with the patient is key in ensuring a successful house call. Prior to the visit, healthcare providers should engage in open dialogue with the patient to gather their medical history, current symptoms, and any specific concerns they may have. This important information can help providers tailor their approach and ensure they have the necessary equipment and medications on hand to provide appropriate care during the visit.¹

To enhance **safety** during house calls, it is advisable to bring a colleague or chaperone. An extra set of eyes and hands can assist with patient care and help mitigate potential risks that may arise. Additionally, having a colleague present can provide added security and support in case of emergencies, ensuring a prompt and effective response to any unforeseen situations.^{1,2}

Proper **documentation** is essential in ensuring continuity of care and patient safety during house calls. Healthcare providers should maintain thorough and accurate records of the visit, including the patient's medical history, current symptoms, care provided, and any follow-up recommendations. This documentation not only helps in providing comprehensive care but also serves as a valuable resource for future visits or consultations with other healthcare providers.³

Infection control is paramount during house calls, as the home environment may present additional risks for the spread of infectious diseases. Healthcare providers should adhere to strict infection control protocols, including proper hand hygiene practices, the use of personal protective equipment, and the disinfection of equipment and surfaces that come in contact with the patient. By following these protocols, providers can prevent the spread of infections and maintain a safe environment for them and their patients.⁴

NOVEMBER 2025

Planning for **emergencies** is crucial when conducting house calls. Healthcare providers should familiarize themselves with the location of the nearest hospital or urgent care facility, have emergency contact information readily available, and be prepared to administer basic life support if needed. By having a well-defined emergency plan, providers can respond quickly and effectively to any unexpected situations that may arise during the visit.¹⁻³

Summary of Best Practices

- Conduct a thorough risk assessment before making house calls to identify and address potential risks upfront.
- Communicate effectively with the patient to gather important information about their medical history, current symptoms, and concerns.
- Bring a colleague or chaperone to house calls to assist with patient care and provide added security in case of emergencies.
- Maintain thorough and accurate documentation of the visit, including the patient's medical history, care provided, and follow-up recommendations.
- Adhere to strict infection control protocols, including proper hand hygiene, use of personal protective equipment, and disinfection of equipment and surfaces.
- Have a well-defined emergency plan, including knowing the location of the nearest hospital, having emergency contact information readily available, and being prepared to administer basic life support if needed.

House calls offer a unique opportunity to deliver personalized and convenient care to patients in their own homes. Implementing best practices in risk management and patient safety during house calls helps to protect patients and healthcare providers and ensure their well-being. By conducting thorough risk assessments, communicating effectively with patients, bringing support personnel, maintaining proper documentation, following infection control protocols, and having a plan for emergencies, healthcare providers can navigate the challenges of house calls with confidence and provide exceptional care to their patients. ➦

Monica Ludwick, Pharm. D., is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to MLudwick@CAPphysicians.com.

¹Cornwell, Thomas, and Brianna Plencner. "House Calls: Providing Care Beyond the Office Walls." *Family Practice Management* 28, no. 3 (May/June 2021): 22A–22G. <https://www.aafp.org/pubs/fpm/issues/2021/0500/oa2.html>. (August 21, 2025)

²American Academy of Family Physicians. (2018). House calls: A valuable service in today's healthcare landscape. Retrieved from <https://www.aafp.org/news/practice-professional-issues/20180912housecalls.html> (August 21, 2025)

³Joint Commission. (2019). Providing care in the home. Retrieved from <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/home-care-booklet.pdf> (August 18, 2025)

⁴Centers for Disease Control and Prevention. (2021). Infection control guidance for healthcare professionals about coronavirus (COVID-19). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html> (August 18, 2025)

Case of the Month



Are Dogs Allowed in the Medical Office?

Deborah Kichler, RN, MSHCA

When a patient comes into your office with a dog what do you do? Can you turn them away? Are there specific restrictions?

Service dogs are regulated under the Americans with Disabilities Act (ADA), the Department of Justice (DOJ), Civil Rights Division, the California Disabled Persons Act (CDPA), the Unruh Civil Rights Act, and the Fair Employment and Housing Act (FEHA).

In the 2019 case of *C.L. v. Del Amo Hospital, Inc.*, the court addressed whether a hospital's refusal to accommodate a patient's self-described service animal violated ADA. The patient, C.L., who suffered from severe childhood trauma, major depression, and anxiety, relied on her service dog to wake her from nightmares, alert her to people approaching, and "ground" her. Despite being unable to afford a professionally trained service dog, she purchased a dog and trained it to assist with her specific needs. The district court ruled in favor of Del Amo Hospital because C.L. failed to prove that her dog was a "service dog." After a bench trial, the judge found it decisive that she "did not receive a certification of the dog as a service animal."¹ The plaintiff (patient) appealed this decision.

In 2021, the U.S. Court of Appeals for the Ninth Circuit vacated the district court's judgment in favor of the defendant in her action seeking injunction relief under Title III of the ADA, which prohibits discrimination in "places of public accommodations," including hospitals.² The court also determined

that the ADA prohibits certification requirements for qualifying service dogs for several reasons:

1) the ADA defines a service dog based on its function rather than specific training requirements, 2) the DOJ regulations and guidance have opposed a formal certification mandate, and 3) permitting individuals with disabilities to self-train a service animal aligns with the ADA, as other forms of training may be excessively costly. Therefore, the district court's imposition of a heightened requirement on C.L.'s dog was deemed inconsistent with the ADA.

Service Animal Defined

Under the ADA, a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability.³ Tasks can be related to either physical or psychiatric issues. The provision of emotional support, well-being, comfort, or companionship **does not** constitute work or tasks for the purposes of this definition. Therefore, those individuals claiming to have a "companion animal" or "comfort animal" does not meet the definition of a "service animal" under the ADA, and do not need to be accommodated under the ADA.⁴

Where are service dogs allowed?

Under the ADA, state and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the

facility where the public is allowed.⁵ Under California law, the disabled individual also has the right to take a service dog into a physician's office or other place of public accommodation.⁶

Upon a patient's arrival at the office with their dog, the initial step is to ascertain if the dog is a service animal. You are limited to asking only two questions to determine if the dog meets the legal criteria of a service animal: "Is your dog a service animal?" and "What work, or task has the dog been trained to perform?" These tasks can be picking up a dropped item, alerting individuals to the presence of allergens, providing physical support and assistance with balance, or helping a person with psychiatric disabilities by interrupting impulsive behaviors. You **cannot** require the individual to demonstrate the task or request any documentation that the animal has been certified, trained, or licensed as a service animal. There are no registration, certification, or identification requirements needed to demonstrate the animal is a service dog. The determination of whether the dog is a service animal should be objectively documented by including the patient's answers to the two questions in the patient's record ("patient presented with service dog, stated it is trained to pick up dropped items").

When Service Animals Are in the Office

Under the laws, service animals must be under the individual's control and are required to have a harness or leash and be housebroken. The service animal can be removed if it poses a direct threat to the health or safety of others. Be sure to objectively document the behavior and the discussion.

Understand that the service animal is working, so staff and other patients should not interact with it.

While you must provide reasonable accommodation for the service dog, you are not obligated to walk,

entertain, or clean up after the dog. The animal is entirely the owner's responsibility. If other patients are allergic to dogs, then reasonable isolation precautions must be taken to accommodate everyone. You cannot exclude a service dog because another patient has a dog allergy. In no event should dogs be allowed in sterile settings such as operating rooms because of the risk of infection.

It is recommended that you establish or review your office policy and ensure that it includes (1) the definition of a service animal, (2) the duties of both staff and patients related to service animals, (3) criteria for excluding or removing animals, and (4) information about the required documentation. The information should be communicated to both staff and patients, with information available in patient intake materials and office signage. ➦

Deborah Kichler, RN, MSHCA, is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to DKichler@CAPphysicians.com.

Resources

¹*Del Amo Hospital*, 2019 WL 4187848, at #6.

²*C.L. v. Del Amo Hosp.*, 2019 WL 4187848, at *6 (C.D. Cal. Sept. 3, 2019).

³U.S. Department of Justice. "Frequently Asked Questions About Service Animals and the ADA." ADA.gov. Accessed November 10, 2025. <https://www.ada.gov/topics/service-animals/>.

⁴California Medical Association. California Physician's Legal Handbook: Disabled Patients—Health Care Service. July 2023, 5.

⁵U.S. Department of Justice. "ADA Requirements: Service Animals." ADA.gov. Accessed November 10, 2025. <https://www.ada.gov/topics/service-animals/>.

⁶California Medical Association. California Physician's Legal Handbook: Disabled Patients—Health Care Service. July 2023, 4.

Other resources

Introduction to State and Federal Disability Rights Laws - Legal Rights of Persons with Disabilities <https://oag.ca.gov/system/files/media/drj-intro-state-fed-laws.pdf>

Governor Signs AB 1041: Bill Sponsored by the Physician Association of California Expands Access to Patient Care

Last month, the Physician Association of California (PAC) commended Governor Gavin Newsom for signing Assembly Bill 1041 (Bennett), a PAC-sponsored bill that improves patient access to care and boosts small and independent practices by streamlining the physician credentialing process.

"This law puts time and control back in the hands of doctors and helps patients get care faster. AB 1041 marks a major win for patients, physicians, and small businesses across California," said Dr. Omer Deen, PAC's Board Chair. "When independent physicians come together, we can shape policy and drive real change for our patients and our profession."

Before a physician can see patients under a specific health insurance plan, the plan must first approve the provider's credentialing application. This process verifies the physician's education, training, and professional history to ensure they meet the plan's standards. The credentialing process is how health plans determine whether to include a doctor in their network, which is essential for the doctor to be reimbursed for treating patients with that insurance.

For too long, California physicians have faced months-long delays when trying to join health plan networks. These delays are caused by outdated, inconsistent, and duplicative credentialing requirements that vary from plan to plan.

Credentialing delays are especially harmful to independent and small-practice physicians who lack

the administrative resources of large health systems and physician groups. These barriers leave smaller clinics short-staffed and force patients to wait longer for treatment, often in rural, underserved areas of the state.

The new law, AB 1041, creates a single, standardized credentialing application for all health plans and requires plans to act on completed applications within 90 days. AB 1041 is the first PAC-sponsored bill to be signed into law, representing a landmark milestone in the advancement of patient-centered, private practice care.

"Can you imagine being unable to reach your doctor because of redundant paperwork?" said Assemblymember Steve Bennett (D-Ventura). "No one should face delay in acquiring care because of duplicative, time-consuming administrative forms. This bill cuts red tape so doctors can get credentialed faster and patients can get the care they need."

Established in 2023, PAC is the state's only trade association solely focused on protecting and advocating for independent and small-practice physicians. With over 15,000 members, PAC champions policies that preserve physician autonomy, streamline healthcare delivery, and expand patient access. All CAP members receive automatic complimentary membership in PAC. For more information, visit www.pac-md.org. ➡



by Andie Tena

Practical Cost-Saving Strategies for Medical Practices: Improving Efficiency Without Sacrificing Care

With rising labor costs, inflation, and stagnant reimbursement rates, many medical practices are feeling the financial squeeze. No matter what your practice size or specialty, controlling costs must be a part of your everyday operations.

In a recent episode of the Medical Group Management Association's *Ask MGMA* podcast, Senior Advisor Cristy Good shared practical tips that practices can implement now to reduce expenses and improve efficiency--all while maintaining high-quality patient care.

Finding Hidden Costs in Daily Operations

You might be surprised how much your practice is spending on things hiding in plain sight like copier leases, unused software, and shredding and storage services. A simple 90-day expense audit can reveal easy cost-saving opportunities. Engaging your team in the review is key to identifying inefficiencies. Their input can help build a culture of shared responsibility for the practice's financial health.

Cross training your staff not only saves money but also makes your practice more flexible. Front-desk employees can learn basic billing tasks, and back office clinical staff can help with patient outreach. This kind of flexibility keeps things running smoothly during staff absences or low volume periods.

Take Advantage of Group Purchasing

If you're a small or mid-sized practice, overhead costs especially for supplies can add up quickly. That's where CAP's free Group Purchasing Organization can help.

Through the CAP Purchasing Alliance, members get access to the same discounted pricing usually reserved for large hospitals, saving up to 20% on medical supplies, office products, and more. Best of all, you don't have to switch vendors or change how you order.

How it works:

Once enrolled, your practice is seamlessly connected to the group purchasing organization's contracted pricing network. You'll continue ordering, in most cases, just as you do with no changes to your vendors or workflow.

Most members begin seeing noticeable savings within the first 30 days.

Getting started is easy:

Enrollment takes just 2–3 minutes. After registering, your dedicated client services manager will reach out within 24–48 hours to guide you through the next steps.

► **Sign up today at <https://cappurchasingalliance.com>**

Make Cost-Saving Part of Your Culture

From cutting redundant services to automating tasks and renegotiating contracts, the goal isn't just to spend less, but to run a smarter, more resilient, and patient-centered practice. At a time when every dollar matters, cost-saving needs to be more than just a task, it should be a mindset.

As Cristy Good emphasizes, lasting savings come from smart planning, staff involvement, and effective use of technology. The key is consistency making cost management part of how your practice operates every day. ➦

Andie Tena is Assistant Vice President, Practice Management Services. Questions or comments related to this column should be directed to ATena@CAPphysicians.com.

New Disclosure Statement Now Available

Each year, we publish the Disclosure Statement, which gives an overview of operations for the Cooperative of American Physicians, Inc. (CAP) and the Mutual Protection Trust (MPT) pursuant to California Insurance Code Section 1280.7.

The 2025 Disclosure Statement is now available and can be reviewed at any time in the Member's Area of the CAP website at <https://member.capphysicians.com/>

For questions, contact CAP at **800-252-7706**.

CAPAdvantage

SPOTLIGHT

What's Hiding in Your Merchant Statements *Are You Being Overcharged?*

If you have that sinking feeling that you are paying more for merchant services than you should be, you are not alone. More than 72% of businesses are being overcharged. And if you are familiar with the statements provided by processors, you might have a guess as to how they are getting away with this unfair practice.

With hundreds of different card types, mysterious codes, and inconsistent fees—statements are intentionally written in a language that only an expert can understand. And while this makes them nearly impossible to decipher on your own (let alone the fees hiding within their pages), we will discuss some key terms and information to look for. Let's dive in!

Navigating Your Statements

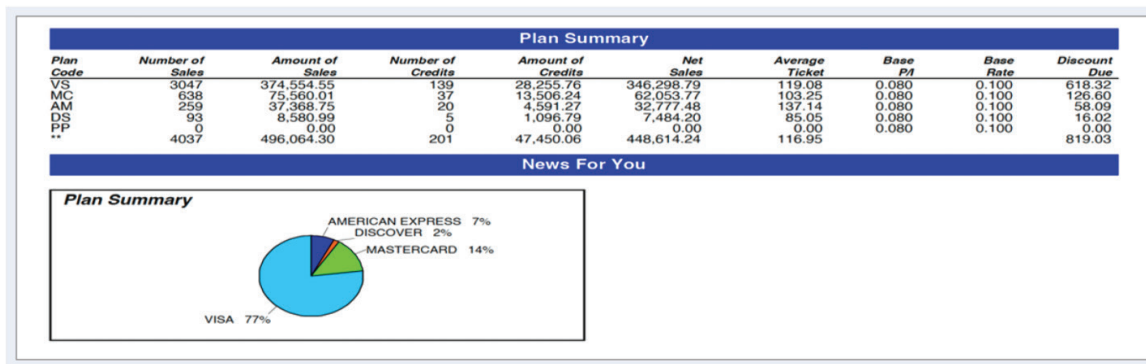
Every processor configures statements differently (further adding to confusion), but your business name and merchant ID number(s)—also known as MIDs—should be at the top.

Merchant Statement
Page 1 of 4

BENTLEY MEDICAL CLINIC
ATTN: ACCOUNTING
1234 SCHOOLHOUSE RD.
SUNNYVILLE, PA 11111

Processing Month: 03-23
Association Number: [REDACTED]
Merchant Number: [REDACTED]
Routing Number: xxxxx 1234
Deposit Account Number: xxxxxxxx 1234

Also front and center is the summary, which provides a quick overview of the past 30 days' activity and can include chargebacks (when a customer requests a refund directly from the credit card company) and reversals (the amount that was initially resolved against the merchant but was ultimately found in favor), adjustments, and fees charged.



NOVEMBER 2025

The next section you'll likely encounter is the pages-long "Deposit Details," which breaks down each batch transaction, line-by-line, for the previous 30 days. But as seen in this example, multiple batches were created each day, which as noted here, can number in the hundreds, and can take up huge swaths of paper.

Fees			
Number	Amount	Description	Total
9		VISA NEVER APPROVE DOMESTIC	0.90
3,221		VISA US ADDRESS VERIFICATION SVC	3.22
283		AMEX ACQUIRER TRANSACTION FEE	5.66
93	8,580.99	DISCOVER DIGITAL INVESTMENT FEE	0.86
93		DISCOVER ADDRESS VERIFICATION SVC FEE	0.47
296	30,778.57	VS CPS Retail Keyed Debit	552.38
12	1,114.73	VS EIRP Debit	21.92
8	721.99	VS Business Tr1 Prod 1	19.92
1	687.93	VS Purchasing Card CNP	18.67
5	1,382.23	VS Business Tr4 Prod 1	41.28
27	4,219.95	VS Non Qual Cons Cr	135.65
2	180.07	VS Business Tr 5 Prod 1	5.60
138	12,026.46	VS VT Product 1	241.15
63	5,513.99	VS VTR Product 1	118.80
174	14,664.65	VS VIN Product 1	318.07
392	33,162.35	VS VSP VIO Product 1	868.52
9	12,051.15	VS VT Health Non Token	184.84
4	2,736.94	VS VTR Health Non Token	42.07
4	2,729.14	VS VIN Health Non Token	41.95

After that, we come to the "Processing Detail Qualified" section, sometimes referred to as "Fees." This section contains the most confusing jargon as it unfurls, denoting interchange fees (these go to card-issuing banks), assessments, the merchant's pricing model, and all other various fees, each broken down by card type, ending with the fees' grand total. Below is an example of what this looks like—this section takes up almost four pages alone on this statement and contains multitudes of confusing codes.

Important Information

REMAINING VIGILANT AGAINST THE THREAT OF FRAUD IS VITAL TO WHAT WE DO AND OUR PRODUCTS OFFER CUSTOMERS SMOOTH AND SECURE TRANSACTIONS. WE HAVE COMMUNICATED THE IMPORTANCE OF EMV AND ITS BENEFITS, AS WELL AS HOW TO BECOME EMV COMPLIANT. EFFECTIVE MAY 1, YOU MAY BE ASSESSED A NON-EMV ASSESSMENT FEE ON ALL NON-EMV TRANSACTIONS FOR THE FOUR MAJOR CARD BRANDS. THESE FEES WILL NOT APPLY TO FALLBACK TRANSACTIONS, AND CARD NOT PRESENT TRANSACTIONS. PLEASE CAREFULLY REVIEW YOUR APRIL 2023 STATEMENT FOR ADDITIONAL DETAILS.

IF YOU OBJECT TO THIS FEE, YOU MAY TERMINATE YOUR AGREEMENT WITHOUT PENALTY BY PROVIDING WRITTEN NOTICE IN ACCORDANCE WITH YOUR AGREEMENT WITHIN 120 DAYS OF THE DATE OF THE STATEMENT CONTAINING THIS FEE.

IF YOU HAVE QUESTIONS REGARDING THIS FEE, OR WOULD LIKE TO DISCUSS OPTIONS TO UPGRADE YOUR EMV CAPABILITIES, CONTACT YOUR MERCHANT SUPPORT REPRESENTATIVE.

Finally, there is typically a section called something like "Important Information About Your Account." As implied, this section is essential, and should not be overlooked since it contains news regarding rate fluctuations and new policies that your processing company may be implementing—aka new ways to charge you more money. Appallingly, your original processing agreement includes language allowing processors to raise rates and add new fees for any reason, at any time. The only way to combat these increased costs is to go head-to-head with your processor, which can take significant time, resources, and an understanding of merchant statements that most businesses do not possess.

What Happens Next?

But what do you do if you see an increase? Or if you, understandably, don't have the time to pour over pages of statements monthly, let alone keep up with the multitude of changes and new fees assessed by processors looking to drive up their profits?

That's where the auditing experts at Merchant Advocate come in: not only do our trained analysts make an initial meticulous review of your statements to identify overcharges, inflated rates, and hidden fees—they keep checking your statements month after month to ensure there are no surprises.

Merchant Advocate has saved clients more than \$300 million in excess fees, without switching processors. Get a free analysis of your merchant account with just one, no-commitment phone call.

Contact:

George Stein

Call: 858.414.1226

Email: gstein@merchantadvocate.com

Visit: <https://merchantadvocate.com/cap/>

This article is presented by Merchant Advocate, a participant in the CAPAdvantage program, CAP's suite of no-cost or discounted practice management products and services. ➦

Register Today for CAP's 7th Annual Public Affairs Symposium

Critical Federal Updates Shaping Healthcare in 2026

Join CAP and your fellow members on **Thursday, December 4, 2025, from Noon to 1:00 p.m.** for an insightful discussion led by CAP's team of legislative experts. This year's Symposium will spotlight key federal policy issues shaping healthcare, including provisions in the One Big Beautiful Bill Act, Affordable Care Act (ACA) subsidies, the latest with Medicare changes, and other emerging and quickly moving legislative developments that impact physicians and their patients.

Don't miss this opportunity to stay informed and engaged.

7th Annual Public Affairs Symposium

Thursday, December 4, 2025

12:00 p.m. - 1:00 p.m.

Register now at www.CAPphysicians.com/2025Symposium

NOVEMBER 2025



COOPERATIVE OF
AMERICAN PHYSICIANS

Cooperative of American Physicians, Inc.

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IN THIS ISSUE

- 1 How to Take Advantage of Personal Insurance Coverage at Excellent CAP Group Rates
2025 Open Enrollment Period Closes on November 30, 2025!
- 3 Inaugural CAP Advocacy in Action Program
Policy Engagement to Safeguard Independent Practice
- 4 Risk Management and Patient Safety News
The Modern House Call: Ensuring Patient and Physician Safety at Home
- 6 Case of the Month
Are Dogs Allowed in the Medical Office?
- 8 Governor Signs AB 1041: Bill Sponsored by the Physician Association
of California Expands Access to Patient Care
- 9 Ask My Practice
*Practical Cost-Saving Strategies for Medical Practices:
Improving Efficiency Without Sacrificing Care*
- 10 New Disclosure Statement Now Available
- 11 CAPAdvantage Spotlight
*What's Hiding in Your Merchant Statements
Are You Being Overcharged?*
- 13 Register Today for CAP's 7th Annual Public Affairs Symposium
Critical Federal Updates Shaping Healthcare in 2026

NOVEMBER 2025

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We welcome your comments! Please submit to communications@CAPphysicians.com.

*The information in this publication should not be considered legal or medical advice applicable to a specific situation.
Legal guidance for individual matters should be obtained from a retained attorney.*