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*Establishing
a financial
planning
strategy
built on your
enduring
“values” rather
than on the
ever-changing
list of things
you “value”...*

What a Difference an “S” Makes!

The NH Medical Society is committed to being the leading advocate for the well-being of our members. That effort includes providing timely articles, special topic seminars and CME courses. With financial stress being an ever more prevalent concern among physicians, we are continuing to team up with Baystate Financial to provide our members access to the financial education, professional expertise and technical resources you need to become more competent in your financial decision making. Baystate’s 2021 kickoff article reminds you that an understanding of your “values” is as important as the “value” of your things, when you are initiating the financial planning process.

Embarking on the journey to bring your hopes for your financial future and the future of those you care most about into reality is the basis of the Financial Planning process. In order to properly evaluate all the options available to you along this journey, building a perspective from which you can make informed decisions that lead to wise choices is the first goal you strive to attain. A great place to begin is by examining how you look at the “value” of things that are important in your life.

Understanding Value

- Monetary/material based
- Negotiable
- Time sensitive
- In the eye of the beholder

You recognize that:

- value is normally a monetary or material-based determination;
- value is almost always negotiable;
- value is time sensitive;
- value is held in the eye of the beholder; and
- value is exchanged for money, hopefully in a mutually beneficial transaction.

Observe how that transforms into something much deeper simply by adding an “s” to “value,” producing the concept of “values” for consideration.

Understanding Values

- Not monetary or material based
- Non-negotiable
- Time tested
- Accepted by all

Instantly we see what a difference that an “s” makes. “Values” are not monetary or material based. For your values to be worthy, they are non-negotiable. Rather than being time sensitive, we know that they are time tested, and rather than existing in the eye of the beholder, they are, although deeply personal, also universally accepted.

Establishing a financial planning strategy built on your enduring “values” rather than on the ever-changing list of things you “value” is how you effectively address your life-long financial priorities. ■

Benjamin Mitchell is a registered representative of and offers securities and investment advisory services through MML Investors Services, LLC. Member SIPC. Branch Address: 200 Clarendon Street, 19th & 25th Floors. Boston, MA 02116. 617-585-4500. CRN202301-276601



Scan to View the Impact of COVID-19 on CRC Screening

Indications and Important Risk Information

Cologuard® is intended for the qualitative detection of colorectal neoplasia associated DNA markers and for the presence of occult hemoglobin in human stool. A positive result may indicate the presence of colorectal cancer (CRC) or advanced adenoma (AA) and should be followed by diagnostic colonoscopy. Cologuard is indicated to screen adults of either sex, 45 years or older, who are at typical average risk for CRC. Cologuard is not a replacement for diagnostic colonoscopy or surveillance colonoscopy in high-risk individuals.

Cologuard is not for high-risk individuals, including patients with a personal history of colorectal cancer and adenomas; have had a positive result from another colorectal cancer screening method within the last 6 months; have been diagnosed with a condition associated with high risk for colorectal cancer such as IBD, chronic ulcerative colitis, Crohn's disease; or have a family history of colorectal cancer, or certain hereditary syndromes.

Positive Cologuard results should be referred to diagnostic colonoscopy. A negative Cologuard test result does not guarantee absence of cancer or advanced adenoma. Following a negative result, patients should continue participating in a screening program at an interval and with a method appropriate for the individual patient.

False positives and false negatives do occur. In a clinical study, 13% of patients without colorectal cancer or advanced adenomas received a positive result (false positive) and 8% of patients with cancer received a negative result (false negative). The clinical validation study was conducted in patients 50 years of age and older. Cologuard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups.

Cologuard performance when used for repeat testing has not been evaluated or established. Rx only.

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NHMS Welcomes New Members

Melissa Scull, MD

Bryan Bean, MD

Peter Eyvazzadeh, MD

Anthony Dinizio, MD

Marianne Petrucci, MD

Alexander Stetsyuk, MD

Ashley Wood, MD

William Wrobel, MD

Elizabeth Clemente, MD

NHMS CORPORATE AFFILIATE PROGRAM SERVICES

Billing Services

Business Management

Collection Service

Dental Benefits

Electronic Medical Records

Electronic Payment Systems

Employee Benefits

Financial

Insurance

Legal

Office Supplies

Pharmaceuticals

Practice Management

Telecommunications

Uniforms, Apparel & Linens

Web-based Billing

NHMS CAP is a paid membership program whose members meet criteria as posted at www.nhms.org