



Wolters Kluwer
Health

Lippincott Williams & Wilkins

Ophthalmology MANAGEMENT

Essential Information for the
Growth and Success of Today's
Ophthalmology Practice

Circulation: 20,000

Ophthalmology MANAGEMENT

www.ophthalmologymanagement.com

How to Integrate Retina into



ALSO

- Prevent and Manage Postoperative Endophthalmitis ... Page 39
- The Pay for Performance Learning Curve ... Page 46
- What Trends are Driving EMR? ... Page 49
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2009

Editorial Calendar & Rate Card

Why Ophthalmology Management?

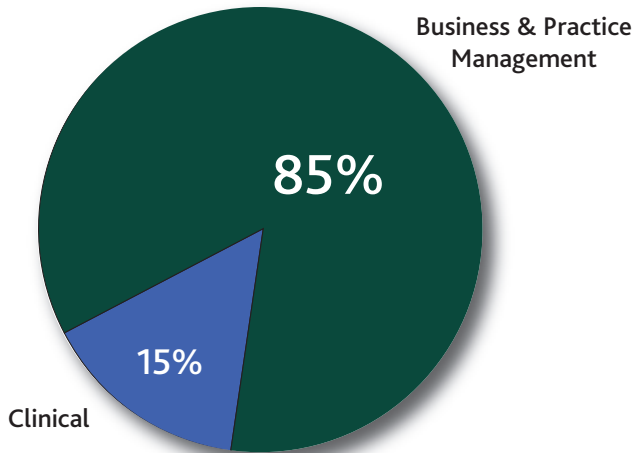
Ophthalmology Management is a behavior-changing publication that is dedicated to helping ophthalmologists improve their practice through better patient and business management. Each issue delivers articles with a “how-to” approach on a variety of topics, from patient management skills to improving the medical economics of running a successful practice.

QUALITY CIRCULATION AND PASS ALONGS

Total circulation: 20,000, with 79% qualified within the last year.* Subscribers share their copies with an average of 1.7 colleagues/ staff for a total of 2.7 readers per copy.+

UNIQUE CONTENT, DEDICATED READERS

Ophthalmologists consider business and practice management the most challenging issues in today’s practice.+



Ophthalmologists feel *OM* is the **most important trade publication to their overall practice success** (efficiency, profitability, cutting-edge clinical techniques).+

Ophthalmology Management	83%
Ophthalmology Times	55%
EyeNet	42%
Review of Ophthalmology	65%
Ocular Surgery News	47%
Eye World	32%
Cataract and Refractive Surgery Today	40%

Ophthalmologists are **reading OM more regularly than any other trade journal** within the ophthalmology category.+

Ophthalmology Management	80%
Ophthalmology Times	67%
EyeNet	63%
Review of Ophthalmology	68%
Ocular Surgery News	62%
Eye World	43%
Cataract and Refractive Surgery Today	45%

The number of loyal, dedicated readers of *Ophthalmology Management* is on the rise:

While most other ophthalmology trade publications’ dedicated readership — those reading 4 out of every 4 issues — is on the decline, *OM*’s is on the rise.++

A LEADER IN AD EXPOSURE

Ophthalmology Management ranks **#2** out of 19 journals in ad exposure among the total ophthalmologist universe++, giving your ad the edge of being seen by more readers, more often.

Ophthalmology Management offers suppliers in the industry a unique opportunity to capture readers’ attention while in a business-planning mindset. Our editorial content gets MDs ready to make educated purchasing choices — ready to hear from you. Make sure your ad is in front of 20,000 MDs just when they feel confident with their buying decisions.

SOURCES

*June 2008 BPA statement

+Signet AdProbe study, 2008

++Nielsen (formerly PERQ/HCI) Media-Chek Report, 2008

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2009 Editorial Calendar

	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Features	Hawaiian Eye Issue	Ad Study and AGS Issue	ASCRS & RPS Issue	ARVO Issue	IOL Issue	Cornea Issue
Should You Expand Your Practice in a Down Economy?	Target Practice: How Your IOP Goal Sets the Tone for Glaucoma Therapy	Are Your ASC Policies and Procedures up to Snuff?	The Medicare SGR Formula — Know Your Enemy	Improve Your Success Rate with Premium IOLs	Bugs and Drugs: New Ideas on Treating Corneal Infections	
Objective vs. Subjective Visual Field Loss	See What You're Missing in Glaucoma Diagnosis	New Ideas on Genetic Influences in Glaucoma	How Would You Handle These Tricky Cataract Cases?	Patient Selection and Education for Presbyopic IOLs	ARVO Report: Late-Breaking Advances in Corneal Research	
Get More Out of Your Practice's Financial Statements	The Unique Challenges of a Rural Practice	The Benefits of Using Pre-Packaged Surgery Kits	Survey: Are You Satisfied With Your Income Level?	Managing IOL Complications: Advice From a Retinal Surgeon	What Dye Testing Reveals about Ocular Surface Disease	
Tackling Keratoconus: How Corneal Cross-Linking Will Revolutionize Treatment	An Action Plan for Managing Dry Eye	Do's and Don'ts of Refractive Surgery Marketing	The Evolution of Shunts in Treating Glaucoma	Enhancement Procedures for Presbyopic IOL Patients	New Hope for Corneal Transplant Patients	
Cataract Surgery in Patients with Prior Refractive Surgery	Marketing Your ASC to Grow Your Patient Base	OR Sterilization Issues: Are Your Patients at Risk?	How to Convert Contact Lens Patients Into Refractive Surgery Candidates	Refractive Surgery Trends: The Latest Data from ASCRS	Surefire Strategies to Avoid LASIK Flap Complications	
Critical Issues in Pediatric Ophthalmology	Corneal Ectasia after LASIK: Risks and Resolutions	Are Your Patients Ready for Allergy Season?	A Behind-the-Scenes Look at New Drug Development	Incorporating Risk Management Into Everyday Practice	A Unique Practice Model: All Subspecialists, No Generalists	
	Is Your Practice Prepared for the "Senior Boom"?	Point-Counterpoint: LASIK vs. Surface Ablation	A Primer on Reading OCTs	Would Concierge Care Work in Ophthalmology?	Are You Prepared for a Malpractice Claim?	
Departments	Viewpoint from the Chief Medical Editor At Press Time		New MD Coding & Reimbursement ASC Advisor	Path to Paperless Research Digest Therapeutics Q&A		
Marketing Opportunities	Bonus Distribution at Hawaiian Eye, Macula 2009 and Global Specialty Lens Symposium	Free Ad Study Bonus Distribution at the American Glaucoma Society Meeting	Bonus Distribution at ASCRS Meeting and <i>Retinal Physician</i> Symposium	Bonus Distribution at ARVO Meeting		
Closing Dates	Space: December 5 Ad Materials: December 12	Space: January 5 Ad Materials: January 12	Space: February 5 Ad Materials: February 12	Space: March 5 Ad Materials: March 12	Space: April 6 Ad Materials: April 13	Space: May 5 Ad Materials: May 12

JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	Features
Diagnostics Issue	Cataract Surgery Issue	Refractive Surgery & AAO Preview Issue	AAO Issue	Retina Issue	Dry Eye Issue	
<p>Wavefront Technology: What's Under The Hood?</p> <p>Adding OCT to a General Ophthalmology Practice</p> <p>The Painless Way to Upgrade Your Equipment</p> <p>I Started My Own ASC — And You Can, Too</p> <p>Can ODs Teach MDs Anything about Eye Care?</p> <p>Preventing Theft and Embezzlement in Your Practice</p> <p>Capitalizing on Cosmetic Procedures</p>	<p>Built for Speed: Time-Saving Cataract Surgery Tips from the Experts</p> <p>Topical vs. Intracameral Antibiotics for Cataract Surgery</p> <p>Cataract Surgery Instruments: What's New?</p> <p>Have NSAIDs Supplanted Steroids for Cataract Patients?</p> <p>Glaucoma: What to Do When Monotherapy Fails</p> <p>Improving Quality of Life — For Yourself!</p> <p>How to Stay on Top of Inventory Control</p>	<p>Sizing Up the Options in Refractive Surgery</p> <p>LASIK and its Variants: A Look at the Landscape</p> <p>Where Does CK Fit In?</p> <p>Phakic IOLs: Ready for a Renaissance?</p> <p>What to Expect from Corneal Inlays and Onlays</p> <p>Point-Counterpoint: Is an In-Office Surgical Suite Right For You?</p> <p>Don't Give in to Price Wars</p> <p>Is It Time to Add an Optical Dispensary?</p>	<p>Bringing A New M.D. Into the Practice</p> <p>Staff Retention: Policies for Keeping Good People on Board</p> <p>Improving Connectivity for Your Diagnostic Instruments</p> <p>Understanding the Significance of Corneal Aberrations in LASIK</p> <p>Survey: Why Haven't You Adopted EMR Yet?</p> <p>Sizing up the EMR Vendors</p> <p>A Comprehensive Guide to Glaucoma Medications</p> <p>MLT vs. SLT vs. ALT for Glaucoma</p>	<p>What's New in Retina: A Report from the Retina Congress</p> <p>When Should you Refer to a Retinal Specialist?</p> <p>What General Ophthalmologists Should Know about the New AMD Drugs</p> <p>Retina in the ASC: Has It Worked For You?</p> <p>How Would You Handle These Ophthalmic Emergencies?</p> <p>Your Pre-Retirement Years: Planning an Exit Strategy</p> <p>Savvy Accounting Strategies to Lower Your Taxable Income</p>	<p>Putting Tear Film Abnormalities Under the Microscope</p> <p>Ask The Experts: Pearls For Better Dry Eye Evaluation</p> <p>Environmental Influences on the Ocular Surface</p> <p>Dry Eye After Refractive Surgery: Myths and Realities</p> <p>Surgical Solutions to Chronic Dry Eye</p> <p>Are Systemic Diseases and Their Therapies Causing Dry Eye?</p> <p>Avoid These Medicolegal Hotspots in Keratoconus Detection</p>	
Surgical Consult As I See It		Spotlight on Technology & Technique Marketplace		Management Pearls		Departments
WEB EXCLUSIVE: Diagnostic Instrument Buying Guide	Bonus Distribution at ESCRS Meeting	Bonus Distribution at ASRS Meeting Special Pre-AAO Section	Bonus Distribution at AAO Meeting			Marketing Opportunities
Space: June 5 Ad Materials: June 12	Space: July 6 Ad Materials: July 13	Space: August 5 Ad Materials: August 12	Space: September 7 Ad Materials: September 14	Space: October 5 Ad Materials: October 12	Space: November 5 Ad Materials: November 12	Closing Dates

BLACK & WHITE RATES

	1X	6X	12X	18X	24X	36X	48X	60X
Full Page	\$ 4,280	3,900	3,770	3,530	3,480	3,380	3,310	3,280
Spread	8,390	7,640	7,370	6,910	6,750	6,580	6,440	6,390
2/3 Page	3,100	2,770	2,390	2,050	1,810	1,740	1,580	1,490
1/2 Page	2,700	2,340	2,100	1,800	1,720	1,520	1,490	1,400
1/3 Page	2,030	1,760	1,720	1,640	1,560	1,540	1,420	1,320
1/4 Page	1,680	1,520	1,420	1,340	1,260	1,240	1,200	1,130
Reply Card	2,510	2,270	1,840	1,640	1,600	1,490	1,390	1,350

FIFTH COLOR

Matched or Metallic

Per Page: \$ 2,370 Per Spread: \$4,600

FOUR-COLOR RATES

	1X	6X	12X	18X	24X	36X	48X	60X
Full Page	\$ 6,930	6,550	6,450	6,140	6,080	6,010	5,930	5,890
Spread	13,550	12,800	12,550	11,990	11,820	11,640	11,510	11,470
2/3 Page	6,900	5,420	5,060	4,660	4,420	4,360	4,180	4,120
1/2 Page	5,340	5,020	4,770	4,410	4,350	4,140	4,110	4,010
1/3 Page	4,670	4,420	4,390	4,240	4,170	4,150	4,030	3,940
1/4 Page	4,350	4,180	4,110	3,960	3,890	3,860	3,790	3,750

Advertising rates are based upon the number of insertions used within the calendar year, whether units are the same or of varying sizes.

POSITIONS

Premium Position Charge — 10% of earned B/W rate. Premium position charges for cover pages are as follows: cover 2 is 25% of earned B/W rate, cover 3 is 10% of earned B/W rate and cover 4 is 50% of earned B/W rate.

COMBINED FREQUENCY DISCOUNT

Advertising in *Ophthalmology Management* may be combined with insertions in other Wolters Kluwer Health | Lippincott Williams & Wilkins VisionCare Group publications to earn greatest frequency discounts.

INSERTS & BUSINESS REPLY CARDS

Supplied inserts for binding will be billed at earned b/w rate times the number of pages; no bind-in charge. Business reply cards to be supplied by advertiser and must accompany at least one full page of advertising. Tip-in, if required: \$2,000. Contact the Production Manager on all inserts prior to issuing insertion orders for manufacturing requirements, quantity and shipping instructions.

View complete ad submission information and conditions at www.lwwvisioncare.com under Advertising.

MECHANICAL REQUIREMENTS

Publication Trim Size: 8" wide x 10 7/8" deep

Keep live matter 3/8" from trim.

Binding Method: Perfect bound

Printing Process: Web offset on publication-grade coated stock

ADVERTISING DIMENSIONS

	Live Area width x depth	Bleed width x depth
2 Page Spread	15 1/2" x 10 1/8"	16 1/2" x 11 1/8"
Full Page	7 3/8" x 10 1/8"	8 3/8" x 11 1/8"
2/3 Page	4 1/2" x 10"	—
1/2 Page, Horizontal	7" x 4 7/8"	—
1/2 Page, Vertical	3 3/8" x 10"	—
1/3 Page, Horizontal	7 3/8" x 3"	—
1/3 Page, Vertical	2 1/4" x 10"	—
1/3 Page, Square	4 1/2" x 4 7/8"	—
1/4 Page, Vertical	3 3/8" x 4 7/8"	—

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Advertising Submission Information

DIGITAL AD MATERIAL REQUIREMENTS

Files must have all high-resolution images and all fonts included. Type 1 fonts must include both screen and printer elements. Do not stylize fonts from program palette. Required trapping should be done prior to creating the file.

PLEASE DO NOT create your PDF using PDF Writer or directly from the application file. Create a postscript file first then distill to a press optimized PDF. Spread ad must be sent as a one-page file.

Bleeds: 1/8 inch for all sides. Hold live area/border 1/4 inch from final ad size.

Images: CMYK or Grayscale in TIFF, EPS or JPEG format. Resolution - 1.5-2 times the LPI @100%. CTP LPI is 150. Scanned images must be 300 dpi or more. 150 line screen. Total density should not exceed 300%. No RGB or Index mode images. No JPEG encoded .eps files.

Color: Convert Spot/PMS colors to CMYK unless they print as a Spot/PMS color. Designate the name of the PMS.

Proofs: Provide a Digital proof (color or b/w) from the furnished file. Laser should be supplied at 100%. Proofs accepted are: Chromalin, Fujis, Pictros or Iris proofs. If a valid proof is not provided, WK/LWW is not responsible for color inconsistencies/inaccuracies.

Documentation: Provide a document that lists all fonts, files and software used to create the ad.

Media supported: CD and DVD. Contact your production manager for FTP instructions.

File Formats: PDF/X-1A preferred. InDesign, QuarkXpress 4.04 & up, InDesign 2 & up, Photoshop, Illustrator 8 & up.

ISSUANCE AND CLOSING DATES

Refer to the Editorial Calendar for closing dates. All cancellations must be in writing. No cancellations will be accepted after insertion order closing date.

MAILING INSTRUCTIONS

Send insertion orders and materials to:
Wolters Kluwer Health | Lippincott Williams & Wilkins
Attn: (Journal Title), 323 Norristown Rd., Suite 200, Ambler, PA 19002; Fax: (215) 646-5610.

Send pre-printed inserts to RR Donnelley, Inc.-Warehouse Attn: (Journal Title), Route 251 and 4099th Road, Mendota, IL 61342. Cartons must be clearly marked with advertiser's name, publication name, month of insertion and quantity. **Please send two insert samples with instructions to Production Department at the Ambler office and two insert samples to the Publisher in the Ambler office.**

Contact Lens
SPECTRUM

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OPTOMETRIC
Management

Retinal
PHYSICIAN

GENERAL CONDITIONS

All advertising is subject to the following conditions:

- A. Advertising shall be accepted only by the Publisher.
- B. The Publisher reserves the right to reject or cancel any advertising which is not in keeping with the publication's standards.
- C. Advertisers and advertising agencies assume all liability for all content (including text, illustrations, representation, copyright, etc.) of advertisements printed and also assume total responsibility for any claims arising therefrom against the Publisher.
- D. Any attempt to simulate the publication's format is not permitted, and the Publisher reserves the right to place the word "advertisement" with any copy which in the Publisher's opinion resembles editorial material.
- E. Conditions, other than rates, are subject to change by Publisher, without notice.
- F. Positioning of advertisements is at the discretion of the Publisher except where specific positions are contracted for or agreed to, in writing, by the Publisher.
- G. Publisher shall have no liability for error in key numbers, Reader Inquiry Numbers or Advertisers' Index.
- H. Advertisements not received by the Publisher by space closing date will not be entitled to revisions or approval by the advertiser or its agency.
- I. Cancellations or changes in orders may not be made by the advertiser or its agency after closing date.
- J. Advertiser is liable for any costs incurred in the preparation of its advertisement.
- K. All insertion orders are accepted subject to provisions of the current rate sheet.
- L. Cancellation of space reservations for any reason in whole or part by the advertiser will result in a short-rate based on past and subsequent insertions to reflect actual space used at the earned frequency rate.
- M. Publisher shall not be liable for any costs or damages if for any reason it fails to publish an advertisement.
- N. Publisher shall have the right to hold advertiser and/or advertising agency jointly and severally liable for such monies as are due and payable to Publisher for advertising which advertiser or its agent ordered and which advertising was published.
- O. No conditions other than those set forth in this rate sheet shall be binding on the Publisher unless specifically agreed to, in writing, by the Publisher. Publisher will not be bound by conditions printed or appearing on order blanks or copy instructions which conflict with provisions of this rate sheet.
- P. Publisher is not liable for delays in delivery and/or non-delivery in the event of Act of God, action by government or quasi-governmental entity, fire, flood, insurrection, riot, explosion, embargo, strikes (whether legal or illegal), labor or material shortage, transportation interruption of any kind, work slow-down, or any condition beyond the control of Publisher affecting production or delivery in any manner.
- Q. As used in this section entitled General Conditions, the term "Publisher" shall refer to Wolters Kluwer Health | Lippincott Williams & Wilkins.
- R. Agency Commissions: 15% of gross billing allowed to recognized advertising agencies for space, color and position. Commission is never paid on the cost of art or production work, nor on the cost of list rentals or reprints.

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