



2018 Continuing Education for Medical Office Professionals

Brought to you by



Wednesday, December 5, 2018

Effective Denial Management and Rejection Prevention

1:00 pm - 4:00 pm
Program 23478-1205

CEU's: 3 per session

PMI grants CEUs for its certified professionals based on a total number of instructional hours (1 CEU per hour of classroom instruction). CEUs may be applied to annual renewal requirements as noted on pmiMD.com.

Where:

Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

Fee:

\$199 per person, per session
Includes instructional materials.

Register:

Online: mcms.org/events

Fax: (585) 473-7641

Mail: Monroe County Medical Society
132 Allens Creek Road
Rochester, NY 14618

Questions: Ronaele King
585-473-7573
rking@mcms.org

Effective Denial Management and Rejection Prevention

CMS audits are on the rise!

Protect your practice's bottom line with specialized training for your billing staff. This class will explain your rights and responsibilities when appealing claim denials and instruct on best practices for preventing claims rejections and managing denials.

Class Highlights

- The average cost to rework a claim is \$25
- Better performing practices have denial rates below 5%
- Medicare penalties can reach \$10K per service for non-medically necessary claims
- Review Medicare non-covered service requirements

This class is ideal for billing and claims processors, managers, providers, consultants and anyone seeking solutions and for claim rejections and denials.

Registration Form Keep a copy for your records. List additional registrants on duplicate forms.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Practice Name: _____

Job Title: _____ Specialty: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Alternate Phone Number for After Hours Contact: _____

E-mail address: _____

PMI-Certified ID#: _____

Check form of payment: Credit card Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

* Registration Discounts: PMI certified professionals with active an ID# receive 10% off their registration fee.