



**PRACTICE
MANAGEMENT
INSTITUTE**

Continuing Education

for Medical Office Professionals

Brought to you by



Thursday, December 7, 2017

Coding & Reimbursement
Update 2018

9:00 am to 12:00 pm
Program # 22296-1207

or

1:00 pm to 4:00 pm
Program # 22297-1207

CEU's: 3

PMI grants CEUs for its certified professionals based on 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
Includes instructional materials and breaks

Register:

Online: www.pmiMD.com

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

Coding & Reimbursement Update 2018

New Year, New Codes, New Reimbursement Opportunities

Attend PMI's most comprehensive review of changes and important health care legislative updates for 2018 in one class!

Highlights

- Review CPT® new, revised, and deleted codes.
- Hear about Federal EHR programs and penalties for non-compliance including the latest updates to Meaningful Use measures.
- The movement toward quality will continue to impact providers. Find out what ranking providers for quality and costs means for your reimbursement in 2018 and beyond.
- Take an interactive tutorial on the Physician Compare website to view performance measures.
- The instruction and class manual will serve as a valuable resource all year long.

A class manual with helpful resources and links for use beyond the classroom will be provided. No outside materials are required, however, participants with a 2018 CPT manual may bring to class for reference.

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: Visa MasterCard 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.