



Patients Are Our Number One Priority

Ask the Carrier 2018

Wednesday, April 11, 2018

Joseph A. Floreano Rochester Riverside Convention Center
123 East Main St., Rochester, NY 14604

At this conference, attendees will hear first hand from third-party payers about policy changes, administrative and operational processes and procedures, and learn how to minimize overall administrative burdens.

Registration Fees*:

MCMS & 7th District Member: \$75 per person

Non-member: \$145 per person

*Includes breakfast, lunch and parking at South Avenue Ramp Garage. Parking tickets may be validated after Session 2 at the MCMS table.

With Representatives from the Area's Major Carriers

- Aetna
- Excellus
- Medicaid
- Medicare Part B
- MVP Health Care
- NYS Workers' Comp
- United Healthcare & Empire Plan
- YourCare Health Plan

To satisfy continuing education compliance requirements, certificates of completion will be provided as documentation of program attendance on the day of the program. 4.5 PMI and AAPC CEU credits are available.

For more information:

Jennifer Rosenzweig
(585) 473-7573
jrosenzweig@mcms.org

Registration Form

Registration deadline is March 28, 2018. Online registration is available at www.mcms.org.

SCHEDULING INSTRUCTIONS: Representatives from carriers will speak concurrently during each session. Please number the presentations you wish to attend below. *Note: there are 8 presenters but only 6 sessions.* Schedules are created on a first come, first serve basis. Sessions fill up quickly. Check our website at www.mcms.org to determine session availability before submitting registration.

7:30 am – 8:15 am	Registration & Continental Breakfast	_____	Aetna
8:15 am – 8:30 am	Welcome	_____	Excellus
8:45 am – 9:30 am	Session 1	_____	Medicaid
9:45 am – 10:30 am	Session 2	_____	Medicare Part B
10:45 am – 11:30 am	Session 3	_____	MVP Health Care
11:30 am – 12:30 pm	Lunch & Visit With Vendors	_____	United Healthcare & Empire Plan
12:30 pm – 1:15 pm	Session 4	_____	Workers' Comp (sessions 4, 5 & 6 only)
1:30 pm – 2:15 pm	Session 5	_____	YourCare Health Plan (sessions 1, 2 & 3 only)
2:30 pm – 3:15 pm	Session 6	_____	

Name: _____ Physician/Practice Name: _____
Phone Number: _____ E-mail: _____

Are you certified? AAPC PMI Both Neither

MCMS may photograph this event for marketing purposes. Unless this permission is revoked in writing to MCMS, by virtue of their attendance, all program participants agree to the use of the event photo in MCMS marketing.

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**Note to Nonmembers:* If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.

Payment of \$ _____ is enclosed. (Check payable to "MCMS")

Please bill my credit card for the amount of \$ _____

Cardholder Name: _____ Exp. Date: _____

Card Number: _____ Verification Code: _____

Cardholder Address: _____ Zip: _____

Signature: _____

Send completed form and payment to:

Monroe County Medical Society
132 Allens Creek Rd.
Rochester, NY 14618
Fax: (585) 473-7641
Email: rking@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Ronaele King at rking@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at rking@mcms.org or at 585-473-7573.