



2018 Continuing Education for Medical Office Professionals

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Thursday, August 2, 2018

E/M Chart Auditing Workshop

9:00 am to 4:00 pm
Program # 22931-0802

CEU's: 6

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:

\$299 per person
Includes instructional materials and breaks

Register:

Online: www.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

E/M Chart Auditing Workshop

Keep a healthy bottom line with this comprehensive self-audit system

You can pay a consultant to do it, wait for an audit letter, or take a proactive stance. Implement your own self-audit procedures that will protect your office's bottom line and compliance. Class participants will learn how to reduce practice risk and improve claim submissions.

Class Highlights:

- Create a systematic approach to cross-checking records so you always know where you stand
- Improve communication with providers and staff about chart documentation
- Determine whether appropriate levels of service are billed
- Verify appropriate levels of history, exam, and medical decision-making
- Identify how to properly evaluate the nature of the presenting problem
- Check billing for prolonged services plus other E/M services
- Perform case exercises that highlight claim errors
- Uncover missed revenue to improve the practice's bottom line
- Expert guidance on key components and potential problem areas

Participants must bring current year CPT® and ICD-10-CM Code Set manuals to this class.

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 an active ID# receive 10% off their registration fee.