



Continuing Education for Medical Office Professionals

Brought to you by



May 8, 9, 15 & 16

Certified Medical Office Manager (CMOM)[®]

9:00 am to 4:00 pm
Program # 22933-0508

CEUs: 20

The Certified Medical Office Manager (CMOM)[®] program is approved for up to 20 CEUs for PMI Certified Professionals (CMC/CMIS/CMCO). All others seeking CEUs should verify credit guidelines with their organization prior to enrollment.

Where:

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

Fee:

\$999 per person
Includes instructional materials, CMOM certification exam, breaks and lunch

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



Certified Medical Office Manager (CMOM)[®]

Gain the skills needed to take charge of a practice administrator role. Designed for experienced and aspiring medical office managers, the CMOM certification program teaches advanced concepts in the administration and management of policies, risks, and financial responsibilities. The expertise gained in this program will protect providers, motivate employees, and improve the practice workflow.

Concepts covered in this course include:

- Practice administration, facility, operational, and time management
- Employee relations, laws, guidelines; team-building, and managing conflict
- Financial responsibilities including budget planning, budgeting, cost analysis
- MACRA and Quality Payment Program guidelines
- Contracts, physician credentialing, fee schedules, budgets, revenue and cost-accounting, patient-payer mix calculation
- Managed care/group participation: HMO, IPA, MSO, PPO, health insurance exchanges

Candidates for the CMOM certification course should have a minimum of one year of experience working in a medical practice. Those with less than a year of experience are encouraged to complete PMI's fundamental self-paced program Management & Leadership for the Medical Practice prior to participation. Visit www.pmiMD.com/onlinetraining.

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.