



2018 Continuing Education for Medical Office Professionals

Brought to you by



Sept. 11, 19, 26,
Oct. 3 & 10

Certified Medical
Coder (CMC)[®]

8:00 am to 4:00 pm
Program # 22941-0911

CEUs: 29

The Certified Medical Coder (CMC)[®] program is approved for 29 CEUs for PMI Certified Professionals (CMIS/CMOM/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:

\$1250 per person
Includes instructional materials, CMC 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 Coder (CMC)[®]

Advanced training and certification for outpatient coding professionals

CMC certification validates advanced training and knowledge as an outpatient coding professional. Earning certification helps protect the practice from risk and boosts the reimbursement cycle by improving the provider/billing communication link, resulting in more accurate claim submissions.

Top 3 reasons to attend:

- Communicate with improved confidence with physicians, third-party payers, patients and business associates.
- Certification signifies advanced knowledge and skills to auditors, compliance officers, employers and peers.
- Certified Medical Coders are employed in thousands of medical practices across the country.

Participants must bring current year CPT, HCPCS and ICD-10-CM Code Set manuals to this class plus a medical dictionary.

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.