



# Continuing Education for Medical Office Professionals

Brought to you by



**Tuesday, October 10, 2017**

## Transform the Front Desk Staff

9:00 am to 12:00 pm  
Program # 22293-1010  
or

1:00 pm to 4:00 pm  
Program # 22294-1010

### 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](http://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](http://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](mailto:rking@mcms.org)

## Transform the Front Desk Staff

### Improve patient communication, data collection, and compliance.

A well-trained front office gathers accurate information, makes appropriate scheduling decisions, proactively addresses challenging patient behavior, and secures the privacy and security of sensitive patient information.

This is not a basic customer service class. All patient-interfacing staff will learn important strategies for improving communication, organization of information and compliance.

### Class Highlights

- Review a personal skill-assessment inventory
- Effective patient education of practice policies
- Patient confidentiality guidelines & HIPAA compliance
- Improve listening skills and time management
- Turn routine patient relations into outstanding customer service
- Communicate better with a variety of personalities
- Understand the billing and collections process
- Obtaining patient information and keeping it secure
- Schedule appointments more efficiently

### 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.