



# Continuing Education for Medical Office Professionals

Brought to you by



## Certified Medical Coder (CMC)<sup>®</sup>

Sep 8, 12, 29, Oct 4 & 11  
8:00 am-4:00 pm each day  
Program # 22299-0908

### 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

### 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)



The Certified Medical Coder (CMC) program is approved for 29 CEUs for PMI Certified Professionals (CMIS/CMOM/CMCO).

**Your Satisfaction is Guaranteed!**  
Visit [pmimd.com/policies.asp](http://pmimd.com/policies.asp) for details.



## Certified Medical Coder (CMC)<sup>®</sup>

Reduce audit risk and demonstrate advanced coding knowledge and skills.

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 editions of CPT<sup>®</sup>, HCPCS Level II Expert, ICD-10-CM coding manuals, and a medical dictionary to 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:  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 ID# receive 10% off their registration fee.