



Hot Topics, Best Practices and Process Tips for Billing Compliance

Survival Series 2019

Date: Thursday, January 17, 2019
Time: 8:30 am—10:30 am
Place: Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Road
Rochester, NY 14618

Come to this informational program to hear about hot topics in billing compliance:

- Revenue Cycle Efficiencies
- Denials
- Self Pay
- Impact Coding has on Reimbursement
- New CMS E/M guidelines
- Audit Risks and Tips

Program Registration Fees:

MCMS & 7th District Member: \$35 per office *(unlimited staff)*

Non-member: \$50 per office *(unlimited staff)*

For more information, call (585) 473-7573.

PRESENTERS

Andrea Hagen, MBA
The Bonadio Group

Andrea is Director of Beacon Solutions Group. She has served as the Director of Financial Operations and patient account manager for hospitals, physician practice management companies and private physician groups for more than 20 years. She has extensive billing and collections experience at all provider types. She has developed and implemented corporate compliance plans and training programs, information technology infrastructure, selection and implementation of patient accounting systems and electronic medical record software.



Paula Santiago
The Bonadio Group

Paula is a Manager for Beacon Solutions Group. She is certified by the American Health Information Management Association as a Registered Health Information Technician and a Certified Coding Specialist-Physician based. Additionally Paula is certified by the American Academy of Professional Coders as a Certified Professional Medical Auditor and holds a certificate of ICD-10-CM Proficiency.



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Online registration is available at www.mcms.org

Name(s): _____

Practice Name: _____

Phone Number: _____ E-mail: _____

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Registration Fees: MCMS and 7th District Member: \$35 per office Non-member: \$50 per office

**Note to Nonmembers: If you complete a MCMS membership application within three months, the registration fee will be applied to your first year's dues payment.*

Payment of \$_____ is enclosed. (Check payable to "MCMS") Please e-mail a receipt.

Please bill my credit card in the amount of \$_____

Cardholder Name: _____

Card Number: _____ Exp. Date: _____ Verification Code: _____

Address associated with card: _____ Zip: _____

Signature: _____

Send completed form and payment to:

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

Fax: (585) 473-7641 Email: rking@mcms.org

MCMS Cancellation Policy: Cancellation requests must be sent via e-mail to Ronaele King at rking@mcms.org with "Cancellation Request" in the subject line. Correspondence must include event title, date and time, registrant's name, and payee's contact information. If cancellation notice is provided at least 7 days prior to the scheduled event, a refund may be requested, minus a 20% processing fee. If cancellation notice is provided at least 1 day prior to the scheduled event, a credit voucher will be issued for the full amount paid that may be used by anyone in the practice within one year of the original event date. Questions? Contact Ronaele King at rking@mcms.org or at 585-473-7573.