



2019 Continuing Education for Medical Office Professionals

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Wednesday, April 3, 2019

Management and Leadership for the Medical Practice

9:00 am to 4:00 pm
Program # 23561-0403

CEU's: 6

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.

Where:

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

Fee:

\$299 per person
Includes instructional materials and breaks

Register:

Online: 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

Management and Leadership for the Medical Office

This class is a virtual toolkit for any current or aspiring medical office manager. It is a perfect precursor to the Certified Medical Office Manager (CMOM)[®] program.

Program manual includes financial management forms, tools and sample letters.

Program Highlights

Medical Office Compliance

- Understand labor laws and regulations
- Establish ethics and ongoing compliance measures
- Proper structuring and compliance of employee handbook

Practice Administration

- Manage day-to-day operational responsibilities
- Improve time management and effective communication skills
- Identify and minimize sources of risk in the office

Employee Relations

- Hire, develop and retain the team, and motivate across generations
- Review of wage and salary administration guidelines
- Conduct more effective performance reviews

Financial Management

- Quality control, financial and risk management
- Turn financial forecasting into patient-payer mix
- Approaches that will protect positive cash flow

Managed Care Delivery System

- A look at managed care contracts and the patient payer mix
- Create a great patient experience for higher satisfaction
- Quality performance measures and impact on future reimbursement

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 an active ID# receive 10% off their registration fee.