

Presented by



# Medical Front Office Skills Certificate Program

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## Live Webinar

- **Expert presenter**  
Instructor relays detailed content in understandable terms
- **Interactive**  
Format includes Q&A opportunity to address attendee questions

### Highlights:

- Maintain a culture of privacy, safety, and compliance
- Convenient online assessment validates knowledge
- Certificate issued with a passing score

**Fee:** \$349 per person Includes instructional materials

### Questions:

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Monroe County Medical Society  
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### Register:

Online: [mcms.org/events](https://mcms.org/events)

Program: 25476-0605

Phone: (585) 473-7573

Mail: Monroe County Medical Society  
200 Canal View Blvd., Suite 202  
Rochester, NY 14623

Setting high performance standards in the front office will lead to more informed and satisfied patients, smoother workflow and a healthier revenue cycle. This course is appropriate for anyone responsible for patient communication, data and payment.



**A highly-effective front office improves patient scheduling, follow-up, and satisfaction; privacy, security, and overall communication.**

The comprehensive curriculum will teach participants good customer service practices, effective communication techniques, and conflict resolution tactics that really work! The instructor will explain privacy/security compliance, medical ethics and etiquette, patient education and satisfaction, how to more effectively schedule walk-ins, and how to manage difficult patient interactions.

The lecture and course materials include a review of the medical record, explanation of the revenue cycle, data collection, medical terminology, and insurance basics. Participants will also learn charting and medical record documentation guidelines, and the importance of billing and collecting within established guidelines.

**9am - 4pm EST | Wednesday, June 5 & Thursday, June 6, 2024 session will include Q&A and breaks**

#### Registration form **Keep a copy for your records.** (Additional registrants may be listed on separate page)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email (required): \_\_\_\_\_

PMI-Certified ID#: (if applicable) \_\_\_\_\_

Visa  MasterCard  American Express  Check (payable to Monroe County Medical Society)

Credit Card #: \_\_\_\_\_ CVV code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Total Amount: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Billing Address, if different from above: \_\_\_\_\_

Registration Discounts: PMI certified professionals with an active ID# receive 10% off their registration fee.

Multiple discounts do not apply.