Presented by



Continuing Education for Medical Office Professionals



Mastering E/M Coding

Documentation deficiencies and improper level of service selections are a tremendous liability. E/M lays the groundwork for the reimbursement process, and your medical coders need a clear understanding of correct coding, documentation guidelines, and modifiers for correct reimbursement. This class imparts the knowledge and tools to help coders gain confidence when working with provider documentation and E/M codes. Participants will complete hands-on practice exercises to identify accurate, adequate and clinically useful information, along with compliance measures to follow to ensure accurate reimbursement.

Patient Collections and A/R Management

Billing staff walk a fine line between promoting patient satisfaction and enforcing accurate, timely payment policies. Adopt a process that measures and monitors collections efforts while remaining patient-centered. This class will help reduce payment problems that crush your bottom line with a review of policies and processes that support the ethical and legal administration and communication of financial responsibilities. Participants will learn how to improve insurance data collection, eligibility verification, benchmarking, and tips to support legal patient communication and a healthy reimbursement cycle.

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Live Webinar Tuesday, January 11, 2022

AM session

Program # 24852-0111 9:00 am to 12:00 pm EST

——— AND ———

PM session

□ Patient Collections and A/R ManagementProgram # 24853-01111:00 pm to 4:00 pm EST

Fee:

\$199 per person Includes instructional materials

Questions:

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Register.

Online: mcms.org/events

Program: # 24852-0111 and # 24853-0111

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Mail: Monroe County Medical Society

200 Canal View Boulevard

Suite 202

Rochester, NY 14623

+ CEUs

3 per person, per session

Practice Management Institute 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.

Registration form	Keep a copy for your records.	(Additional registrants may	be listed on separate page)	
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Practice Name:	Job Ti	tle:	Specialty:	
Mailing Address:	City/State/Zip:			
Phone: ()	Fax: () Email (required):			
PMI-Certified ID#: (if app	olicable)			
☐ Visa ☐ MasterCard ☐	American Express 🗅 Check (pa	yable to Monroe Count	y Medical Society)	
Credit Card #:		CVV code:	Exp. Date:	Total Amount:
Cardholder Name:	Cardholder Signature:			
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