



PRACTICE[®]
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



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When:

**Wednesday,
March 24, 2010**

Medicare Part B:

Reimbursement Guidelines

9 a.m. to 12 noon

(Prgm# 15218-0324)

Texas Workers' Compensation

1 p.m. to 4 p.m.

(Prgm# 15219-0324)

Where:

Memorial Hermann Southwest Hospital
Learning Center A, Medical Plaza 2
7737 Southwest Freeway
Houston, TX 77074

CEUs:

3 CEUs for (CMC, CMIS, CMOM)

Fee:

\$149 for 1 class, \$249 for both
includes instructional materials

See below for Registration Discounts*

**Register:
Register:**

- Online: www.pmiMD.com
- Fax (713) 448-6832
- Phone (713) 448-6787
- Mail: Donna Alwais, PMI
Learning Center Coordinator
9301 Southwest Freeway,
Suite 5000
Houston, TX 77074

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Medicare Part B: Reimbursement Guidelines

Get answers to your Medicare questions at this program. Take an in-depth look at statutory obligations, rights, roles and responsibilities of the Medicare provider. Receive tips on how to work with the CMS and Medicaid regional offices.

Agenda Highlights

- RBRVS and your Medicare fee schedule
- Improve understanding of audit triggers
- The dangers of fragmenting, bundling, unbundling
- Correct use of comprehensive and mutually exclusive codes
- Preventive vs. problem-oriented services
- Uncovering the Medicare appeals process and review

Texas Workers' Compensation

Stay on top of new developments with instruction and guidance on updated fee schedules, clarification of new rules and laws, plus many more helpful resources to help your practice comply with emerging workers' comp standards.

Course Agenda

- HB 7 implementation guidance
- Introduction of healthcare networks for treatment of workers' comp injuries
- New division to represent the interests of injured workers
- Continuation of ADL program until September of 2007
- Coverage of statutory changes
- Rule development overview
- Medical dispute resolution
- Required coding rules
- Provider financial disclosure

Registration Form Keep a copy for your records.

Check the boxes above for the program(s) you wish to attend. List additional registrants on duplicate forms. Confirmation will be emailed once your registration has been posted in our system.

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 American Express Check (payable to Practice Management Institute)

Credit Card #: _____ Exp. Date: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

* **Registration Discounts:** 2nd through 4th registrants enrolling together all receive 10% off. Groups of 5 or more all receive 15% off. PMI certified professionals with active ID# receive 10% off their registration fee.

Cancellation Policy: A credit voucher will be issued if cancellation is received at least 48 hours prior to program. For refunds, a \$20 processing fee will be deducted for cancellations received in writing at least 1 week prior to the program start date; 50% refund if less than 1 week. Refunds cannot be processed for no shows.