



PRACTICE
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



NOW ENROLLING!

When:

**Tuesday,
March 16, 2010**

Chart Auditing for Physician Services

9 a.m. to 12 noon or 1 p.m. to 4 p.m.

(Prgm# 15330-0316)

Where:

Sierra Medical Center
Classroom A
1625 Medical Center Drive
El Paso, TX 79902

CEUs:

3 PMI CEUs (CMC, CMIS, CMOM)

Fee:

\$149 for per person
Includes breaks and instructional materials.
See below for Registration Discounts*

Register:

- Online: www.pmiMD.com
- Fax (210) 691-8972
- Phone (800) 259-5562
or (210) 691-8900
- Mail: Shelby Roberts, Practice Management Institute®
9501 Console Dr., Suite 100
San Antonio, TX 78229

Chart Auditing for Physician Services

Find and Plug the Holes in Your System Before an External Auditor Does.

Class includes self-check forms and tools that will help participants gauge how well they are doing on an ongoing basis. New attention from the OIG, RACs and other third-party auditors makes this built-in practice self-check more important than ever! Bring current CPT & ICD-9 Coding Books to this class.

Course Agenda

- Adapt a systematic approach to cross-checking records so you always know where you stand.
- Find out whether you are properly billing for consultations versus other E/M services.
- Improve communication with physicians and staff about chart documentation and ensure that appropriate levels of service are billed.
- Verify appropriate levels of history, exam, and medical decision-making
- Properly evaluate the nature of the presenting problem
- Hands-on workshop explores actual client scenarios
- Expert guidance on key components and potential problem areas
- Learn a step-by-step process to implement your own internal audit program
- Tips and forms from the professionals to help you audit like a pro

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.

100% Satisfaction Guaranteed
for details visit www.pmiMD.com.

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