



PRACTICE[®]
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



NOW ENROLLING!

When:
Wednesday,
August 18, 2010

How to be the Best Receptionist

9 a.m. to 12 noon
(Prgm# 15561-0818)

**OSHA Compliance
for the Medical Practice**

1 p.m. to 4 p.m.
(Prgm# 15562-0818)

Where:

Memorial Hermann Southeast Hospital
Third Floor Classroom
11800 Astoria Blvd.
Houston, TX 77089

CEUs:

3 CEUs for (CMC, CMIS, CMOM)

Fee:

\$149 for 1 class, \$249 for both
includes instructional materials
*See below for Registration Discounts**

Register:

- Online: www.pmiMD.com
- Fax (713) 448-6832
- Phone (713) 448-6787
- Mail: Donna Alwais, PMI
Learning Center Coordinator
9401 Southwest Freeway,
Suite 1100
Houston, TX 77074

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

How to be the Best Receptionist

Transform average skills using proven steps for front office effectiveness. Beginners and seasoned staff will return to the office with practical tips and new ideas for improving performance and enhancing productivity.

Agenda Highlights

- How to effectively handle no-shows and walk-ins
- How to speak to angry or abusive patients with tact
- Problem-solving skills and tips for encouraging referrals
- Introduction to charting and the medical record
- Short-notice appointments and excessive wait time
- Take a look inside the billing and collections process

OSHA Compliance for the Medical Practice

Implement a manageable plan that protects the practice from fines and penalties while ensuring the safety of your patients and staff.

Agenda Highlights

- The process of OSHA inspection explained
- Review of work practices
- Penalties for non-compliance
- Implementing an Emergency Action Plan
- What must go in your OSHA exposure control plan
- Annual OSHA plan review and training requirements
- And much more!

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.



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