2018 Continuing Education
for Medical Office Professionals

PRACTICE MANAGEMENT INSTITUTE®

Brought to you by

Monroe County Medical Society
mcms
Patients Are Our Number One Priority

April 13, 20, 27, May 4 & 11

Certified Medical Coder (CMC)®

8:00 am-4:00 pm each day
Program # 22932-0413

CEUs: 29

The Certified Medical Coder (CMC)® program is approved for 29 CEUs for PMI Certified Professionals (CMIS/CMOM/CMCO). All others seeking CEUs should verify credit guidelines with their organization prior to enrollment.

Where:

Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

Fee:

$1250 per person
Includes instructional materials &
CMC certification exam

Register:

Online: www.mcms.org/events

Fax: (585) 473-7641

Mail: Monroe County Medical Society
           132 Allens Creek Road
           Rochester, NY 14618

Questions Ronaele King
           (585) 473-7573
           rking@mcms.org

CMC

Certified Medical Coder (CMC)®
Reduce audit risk and demonstrate advanced coding knowledge and skills.

CMC certification validates advanced training and knowledge as an outpatient coding professional. Earning certification helps protect the practice from risk and boosts the reimbursement cycle by improving the provider/billing communication link, resulting in more accurate claim submissions.

Top 3 reasons to attend:

- Communicate with improved confidence with physicians, third-party payers, patients and business associates.

- Certification signifies advanced knowledge and skills to auditors, compliance officers, employers and peers.

- Certified Medical Coders are employed in thousands of medical practices across the country.

Participants must bring current editions of CPT®, HCPCS Level II Expert, ICD-10-CM coding manuals, and a medical dictionary to class.

Registration Form Keep a copy for your records.   List additional registrants on duplicate forms.

First Name: _____ Last Name: _____

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: ☐ Credit card ☐ Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

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