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Monroe County Medical Society
mcms
Patients Are Our Number One Priority

Certified Medical Coder (CMC)®

Wednesday, Sept. 16, 23, 30,
Oct. 7 & 14, 2020
8:00 am - 4:00 pm each day
Program # 24112-0916

Registration Fee:
$1250 per person
Includes instructional materials,
certification exam, breaks and lunch

Where:
Monroe County Medical Society
200 Canal View Boulevard
Suite 202
Rochester, NY 14623

Questions:
Laurie Phillips
Physician Relations/Business Manager
Ph: 585-473-7573
E-mail: mcms@mcms.org

Register:
Online: mcms.org/events
Ph: (585) 473-7573
Fax: (585) 473-7641
Mail: Monroe County Medical Society
          200 Canal View Boulevard
          Suite 202
          Rochester, NY 14623

CEUs: 29 per person
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.

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CMC

Certified Medical Coder (CMC)®
Advanced training and certification for outpatient
coding professionals

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 year CPT®, HCPCS and ICD-10-CM code set manuals to this
class plus a medical dictionary.

FREE Medical Coding Assessment.
Get started today. Visit pmiMD.com/areyouready

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

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: _____

Address associated with card: _____

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