

# **2019** Continuing Education for Medical Office Professionals

#### Brought to you by



#### September 11, 18, 25, October 2 & 9, 2019

Certified Medical Coder (CMC)®

8:00 am to 4:00 pm (each day) Program # 23726-0903

#### CEUs: 29 per person

The Certified Medical Coder (CMC)<sup>®</sup> 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 and CMC certification exam. Lunch and breaks provided

### **Register:**

Online: mcms.org/events Ph: (585) 473-7573 Fax: (585) 473-7641 Mail: Monroe County Medical Society 132 Allens Creek Road Rochester, NY 14618

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## 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.

Register and pay for the Live Certified Medical Coder course and receive:



FREE

Complimentary access to the Medical Coding Basics Bundle
 Bonus program: Medical Terminology for Coders

Medical Coding Assessment | Get started today. Visit pmiMD.com/cmc

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:		
Mailing Address:		
City/State/Zip:		
Phone: ( )		
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: Verifi	cation Code:
Total Amount: Cardh	older Name:	
Cardholder Signature:		

Save the Date | Dec. 5 & 6 | PMI 2019 National Conference for Medical Office Professionals | San Antonio, TX | pmimd.com/sa19