



PRACTICE[®]
MANAGEMENT
INSTITUTE

Continuing Education

for Medical Office Professionals



NOW ENROLLING!

When:
Thursday,
August 12, 2010

Coding by Specialty: Oncology
8:30 a.m. to 11:30 a.m.
(Prgm# 15192-0812)

Avoiding Fraud and Abuse
1 p.m. to 4 p.m.
(Prgm# 15193-0812)

Where:
Physician Training Center
26550 John R, Madison Heights, MI 48071

CEUs:
3 CEUs (CMC, CMIS, CMOM)

Fee:
\$75 per person for MNO members.
\$60 per person if paid by 7/12/10
\$90 per person for non-MNO members.
\$75 per person if paid by 7/12/10
Includes instructional materials.

Register:

Email: pmoskaitis.pmi@comcast.net
 Fax: 248-438-6928
 Phone: 248-505-1876
 Mail: Paige Moskaitis, PMI
 P.O. Box 1232
 Walled Lake, MI 48390

Questions? Call
Debbie Rozanski at 248-475-4782,
drozanski@mednetone.net,
or Paige at 248-505-1876,
pmoskaitis.pmi@comcast.net

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Coding by Specialty: Oncology

Learn the importance of medical necessity and how to apply code linkage for accurate reimbursement. This class is designed for surgical, medical and radiation oncology staff. Clinical staff responsible for documentation and coding will also benefit from this hands-on course.

Agenda Highlights

- CPT & E/M documentation guidelines
- Radiation therapy
- Coding neoplasms
- Correct usage of ICD-9-CM codes
- Chemotherapy coding
- Coding for unconventional situations

Avoiding Fraud and Abuse

Audits happen daily, many due to alleged fraud or substandard care. Not only do you face significant federal and state program audit risks, you are also under the scrutiny of private third party payers. Find out what you can do to protect your practice from allegations of fraud and abuse.

Agenda Highlights

- Billing patterns, errors, and data from claims processing
- Patient complaints
- Information from other investigations
- Whistleblowers

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: _____

Check form of payment: Visa MasterCard American Express Check (payable to Medical Network One)

For charges, call Paige at 248-505-1876

Total Amount: _____

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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