

2012 CODING AND BILLING MEDICARE SERVICES FOR INDIANA EYE MDS

REGISTRATION FORM

Dates/Locations/Time: Programs run from **8:30 a.m. – 4:00 p.m.** Onsite registration begins at **8:00 a.m.**
(All times are local)

- ◆ January 18, 2012 – Ft. Wayne (Landmark Conference Center)
- ◆ January 19, 2012 – Merrillville (Avalon Manor Conference Center)
- ◆ January 24, 2012 – Evansville (Deaconess Health Science Building)
- ◆ February 15, 2012 – Indianapolis (Ritz Charles, Carmel)

Costs: Fees include seminar materials, continental breakfast, and lunch

- ◆ 1st IAO Member or their staff - \$280
- ◆ Additional IAO members or staff - \$265 each
- ◆ Nonmembers or their staff - \$500 each (no discount)

Member Ophthalmologist's Name: _____

Please Check City: Ft. Wayne Merrillville Evansville Indianapolis
(if attending in multiple cities, please complete a separate registration form for each city)

Attendee(s)

First Name	Last Name	Title (eg, CPC, COA)	Vegetarian Meal	*Email Address (for program confirmation)
_____	_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	_____	<input type="checkbox"/> Yes	_____
_____	_____	_____	<input type="checkbox"/> Yes	_____

*A separate confirmation will be sent to each email address provided above. Contact the IAO office if you do not receive a confirmation within 10 days of submitting your registration.

Emergency Contact Name/Phone Number: _____
(after hours contact for notification of late seminar cancellation due to inclement weather or speaker emergency)

Payment Options: Check enclosed payable to Indiana Academy of Ophthalmology, Inc.
 Amount approved to charge my credit card (Visa or MasterCard) \$ _____

IAO Tax ID: 23-7363521

Please help us to continue offering credit card payments for our events. The credit card address and security code requested below must match the billing address and code on the credit card. If the address does not match, the IAO office incurs additional credit card processing expenses.

Credit Card Account Number _____

3 Digit Security Code: _____ Expiration Date: _____
(last three digits on back of card)

Name Of Card Holder: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Signature Of Card Holder: _____

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SPONSORED BY: INDIANA ACADEMY OF OPHTHALMOLOGY

PROGRAM INFORMATION

Speaker: Joy Newby, LPN, CPC, PCS, Newby Consulting, Inc.

Neither Newby Consulting, Inc., nor the speaker is employed or endorsed by the Indiana Medicare Program, National Government Services (NGS), the American Medical Association (AMA), or the Centers for Medicare and Medicaid Services (CMS). The materials provided with these workshops are not official Medicare documents and are not meant to replace such items.

Topics for Discussion:

- ◆ 2012 New CPT & ICD-9 Codes for Ophthalmology
- ◆ Inappropriate Disclosures of PHI
- ◆ Medicare Local & National Coverage Decisions
- ◆ Electronic Health Records (EHR) and E-Rx Incentives
- ◆ 2012OIG Work Plan Issues
- ◆ Documentation for Scribes
- ◆ Physician Quality Reporting (PQRI) Incentives/Requirements
- ◆ E/M vs. Eye Codes
- ◆ Recovery Audit Contractors (RAC)

Target Group: This program is designed for ophthalmologists, ophthalmic technicians, ophthalmic billing/coding staff with more than two years of experience in billing/coding.

Course Description: This six-hour course will present Indiana specific Medicare policies and procedures for correct coding/billing techniques, monitoring issues being investigated by Medicare Recovery Audit Contractors, and the 2012 changes in the Medicare Program.

JCAHPO Accreditation: This course has been submitted to JCAHPO for consideration of CE credit. Credit for a course hour will be denied to individuals who miss more than 15 minutes of that hour.

Financial Disclosure: Neither the speaker, Joy Newby, nor the Indiana Academy of Ophthalmology have any financial interests to disclose.

AAPC Continuing Education: The speaker (NCI) is responsible for obtaining AAPC CEUs for this program.

Confirmations: If an email address is provided on the registration form a confirmation will be emailed to attendees within 10 days of receipt of payment. No confirmation will be sent if an email address is not provided.

Emergency Contact: The IAO requests emergency contact information on all registrations. The information provided should include an after hours phone number (home/cell) of one of the attendees. This individual will be contacted in the event of a late cancellation due to inclement weather or speaker emergency.

Refund policy: All cancellations must be faxed to the IAO at (866) 388-1057. Call in cancellations will not be accepted. Cancellations received less than 10 business days prior to seminar date will be refunded attendance fee less an \$85 processing fee. However, **no refunds** will be made for cancellations received 5 business days or fewer prior to the seminar date. No shows and late cancellations will be mailed the seminar materials and billed the full amount of the seminar. Substitutions are allowed at any time.

For questions or assistance with special needs, please contact the IAO office at 317-577-3062.

Driving Directions: Limited directions will be provided on your confirmation. To obtain complete driving directions from your point of origination please visit www.mapquest.com. The address and phone number of each facility is provided below.

- Fort Wayne - Landmark Conference Center - 6222 Ellison Road, Fort Wayne, IN 46804 – 260-432-4500
- Merrillville - Avalon Manor Conference Center - 3550 East US Route 30, Merrillville, IN 46410 – 219-945-0888
- Evansville - Deaconess Health Science Building - 500 Edgar Street, Evansville, IN 47747 – 812-450-3307
- Indianapolis - Ritz Charles, Carmel - 12156 North Meridian, Carmel, IN 46032 - 317-846-9158

Please complete the attached registration information and return to the Indiana Academy of Ophthalmology Inc., One American Square, Suite 2450, Indianapolis, IN 46282. Credit card payments may be faxed to 866-388-1057.