2017 CODING AND BILLING MEDICARE SERVICES FOR INDIANA EYE MDS

REGISTRATION FORM REGISTRATION CAN ALSO BE COMPLETED VIA CREDIT CARD ON THE IAO WEBSITE AT WWW.INDIANAEYEMDS.COM

Speaker: Kirk Mack, Corcoran Consulting Group

Topics for Discussion:

- ♦ What's New in the Medicare Program for 2017?
- ♦ Common Issues in Paver Chart Audits
- ♦ MACRA / MIPS
- ♦ Resolving ICD-10 Problems After Inauguration

- ♦ Utilization Benchmarks: Identifying Underused And Overused Services
- ♦ And plenty of time for questions and answers!

Date/Location: March 9th / 8:00 a.m. - 4:00 p.m EST. Onsite registration begins at 8:00 a.m. / Program begins at 8:30 am

502 East Event Center (502 E Carmel Dr, Carmel, IN 46032)

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

CME Credit: The Indiana Academy of Ophthalmology, Inc. is accredited by the Indiana State Medical Association to sponsor continuing medical education for physicians. The Indiana Academy of Ophthalmology, Inc. designates this educational activity for a maximum of 6 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

JCAHPO Accreditation: This course has been submitted to JCAHPO for consideration of CE credit.

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.

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

- ♦ 1st IAO Member or their staff \$275 early bird / \$300 after Feb. 27, 2017
- Nonmembers or their staff \$475

Member Ophthalmologist's Name:					
Attendee(s)	Attendee(s)				
First Name	Last Name	Title (eg, CPC, COA)	Vegetarian Meal	*Email Address (for program confirmation)	
			□ Yes		
	·	·	□ Yes		
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			□ Yes		

Please make your check payable to the Indiana Academy of Ophthalmology, Inc. and return to 125 W. Market Street, Suite 300, Indianapolis, IN 46204. (IAO Tax ID: 23-7363521)

^{*}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.