



CERTIFICATION FOR MEDICAL OFFICE STAFF

Employment of medical records and health information technicians is expected to increase by 20 percent, much faster than the average for all occupations through 2018, according to the Bureau of Labor and Statistics.¹

Don't wait to further your career.

Begin now.

Practice Management Institute® positions you for what lies ahead. Become a leader in your field with professional certification in coding, reimbursement and office management.



Certified Medical Coder (CMC)®



Certified Medical Insurance Specialist (CMIS)®



Certified Medical Office Manager (CMOM)®



Practice Management Institute® is the training, networking and credentialing source for more than 40,000 medical office professionals annually.



Practice Management Institute® Continues to Earn High Marks for Its Quality Programs and Consistent Commitment to Excellence

“Earning your certification demonstrates an ongoing commitment to the profession.”

Healthcare spending today represents one-seventh of our overall economy with spending totaling more than \$2 trillion annually. In just eight years, that figure is expected to double, rising to 21 percent of gross domestic product.² The demand for skilled coders and medical record specialists continues to rise about 20 percent, much faster than the average for all occupations through 2018, according to the Bureau of Labor and Statistics.¹

Recognition

PMI's credentials are recognized by the U.S. Department of Labor, the Centers for Medicare and Medicaid Services and state agencies such as the Indiana Workforce Investment Board, who along with the State of Indiana, have approved PMI's Certified medical Coder credential to its list of programs approved for Workforce Investment Training funding.

PMI credentialing is a recognized resource listed in the U.S. Department of Labor's Bureau of Labor and Statistics in its Occupational Outlook Handbook, 2010-11 Edition.¹ The Centers for Medicare and Medicaid Services named PMI as a recognized resource for coding certification for its Intermediary Provider Customer Service Program in 2004.³ And, most recently, The University of Texas Southwestern Medical Center began requiring PMI credentials for its staff in 2010. Plans to expand the program to other UT campuses across Texas are in the works.

“Given the complexity of healthcare today, UT Southwestern Medical Center is dedicated to ensuring that the staff have the knowledge necessary to perform their functions,” said Doug Arrington, Ph.D., FNP-BC, NEA-BC, CHC, Director of Revenue Cycle Development, UT System.

The CMC, CMIS, and CMOM are the building blocks to ensuring that UT staff has the skills necessary to perform their functions, said Arrington, who also heads up the Health Division, Billing Compliance UT Southwestern Medical Center at Dallas.

“We firmly believe that through these billing, coding, and compliance education programs that we will improve the over all patient satisfaction and revenue cycle processes.”

Recognition by CMS, the U.S. Department of Labor and hundreds of other healthcare organizations across the country reinforces PMI's position as a leading provider of certification for medical office staff.

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Medical Records and Health Information Technicians, on the Internet at <http://www.bls.gov/oco/ocos103.htm>

² Department of Health and Human Services, Centers for Medicare and Medicaid Services, Office of Media Affairs, January 16, 2009.

³ Implementation of § 921 of the Medicare Modernization Act (MMA) – Provider Customer Service Program. Pub. 100-20 One-Time Notification, Transmittal 113, September 12, 2004, page 8.





Preparing to Sit for the Certification Exam

Each of PMI's certification exams is administered in a live environment by a PMI-authorized exam proctor to maintain the integrity of the certification process. Medical office professionals with exceptional knowledge and skills are eligible to sit for the exam. PMI recommends a minimum of one to two years of experience or equivalent education in the certification discipline before sitting for the exam. The following preparatory methods are designed to reinforce a candidate's knowledge prior to sitting for the exam:

Live Preparatory Course

Candidates may enroll in an instructor-led preparatory course, taught by PMI's acclaimed faculty, and hosted by leading hospitals, medical societies and colleges nationwide. PMI Certified Instructors also work within local communities to teach preparatory courses and administer the exam. Live classes are typically four or five days in length and include the certification exam on the final class meeting day. A current class schedule can be viewed at any time by going to PMI's Web site: www.pmiMD.com.

Self Study Curriculum

PMI offers self-paced learning modules for each of its three certifications. Each training module has been carefully adapted from PMI's live classroom format. Materials included in the Self Study package: full lecture, professionally recorded onto three CDs, course manual, workbook assignments with answer keys, a test preparation guide and access to support resources such as toll-free Self Study support hotline and password to a Self Study discussion forum, both moderated by PMI faculty. One exam sitting fee is also included. Supplemental coding books are required for the CMC & CMIS certification programs and must be supplied by the participant.


Self Study Library

PMI's Certification Self Study Library is a cost-effective way to train multiple staff members for their certification exam. This package includes all three certification preparatory programs and exam vouchers for up to six employees. Plus, Self Study Library purchasers have the option to order updates at 75% off the individual purchase price.

Train all your staff members and keep the materials on hand to serve as an ongoing reference for your entire practice. It is an extremely affordable and convenient way to promote higher training standards and certification in your practice.

Scheduling Your Exam

Self Study candidates should review study materials for a minimum of 4–6 weeks, and not more than one year, prior to scheduling their exam. The exam is always administered in a live environment. PMI works with hundreds of exam testing sites to provide locally proctored exams. Earning certification requires a score of 70% or better on the certification exam. If a passing grade is not achieved on the first attempt, candidates may retest for an additional \$149 sitting fee. More information on testing protocols can be found on PMI's website: www.pmiMD.com/certify.



Those who enroll in one of PMI's live or Self Study certification preparatory programs are more likely to pass the certification exam on the first attempt than those who sit for the exam without similar preparation.



Certified Medical Coder (CMC)[®]

Certified Medical Coders (CMC)[®] are the fact-checkers in the reimbursement process. They have mastered the intricacies of procedural and diagnostic outpatient coding systems, and understand the implications for over- or under-coding. CMCs have the skills to address complex problem sets, make proper code selections to the highest degree of specificity, and clarify advanced coding issues with physicians and business associates.

CMC Program Highlights

PMI recommends that CMC candidates have one to two years of coding experience to receive the most benefit from this course. The preparatory program includes lecture, course manual, workbook exercises, exam preparation handbook and the certification exam. Primary coding rules and principles will be reviewed, along with a medical terminology section designed exclusively for coders. E&M coding rules and modifiers will also be covered. Students will learn to master advanced coding issues and select proper codes for E&M and ancillary services. Class exercises include working through several challenging coding scenarios.

"My new employer was very impressed with my skills and loved the fact that I could code hands-on, both with and without a computer. She gave me a test and I got all of my answers right. Now she wants to send more of her coders to you. Thanks very much."

Anna B. Fisher, CMC
Greenville, SC

"Self Study was the best solution for me because I was able to study according to my schedule and further my education in the convenience of my home without additional stress or daycare issues. It was a wonderful tool that has allowed me to become certified and progress in my field."

Julia Rose Wynne, CMC, CPC, Denton, MD

Required Materials

The CMC preparatory class includes a binder of course instructional materials. Supplementary class materials are also required. Class participants must supply current copies of the following reference materials: CPT[®], ICD-9-CM Vols. 1 & 2, HCPCS manuals, and a medical dictionary.

Classroom materials are based on the AMA Official Guidelines. The recommended CPT[®] reference for this class is the current edition of the AMA CPT[®] Professional Edition.

Candidates without access to these references may purchase them on PMI's Web site: www.pmiMD.com.



KEY COURSE OBJECTIVES

Medical Terminology

- Makeup and pronunciation of medical terms/ words
- Key review of the human body systems, illustrations and review of anatomic position and directional terms
- Root words, prefixes, suffixes and supplemental terms
- Combined forms associated with medical conditions
- Definitions for common medical abbreviations
- Analysis of physician orders and narratives

ICD-9-CM Diagnostic Coding

- Instruction on the organization and groupings of ICD-9 for statistical purposes
- Accurate translation of medical terminology for diseases into codes
- Designation of symbols, punctuations and other conventions
- Outline of the complete coding and reimbursement equation
- Primary vs. secondary code selection
- Evaluate the dangers of using "cheat sheets"
- Comparison of ICD-9 and ICD-10 code characteristics and rationale
- ICD-10 implementation overview of subcategories, classifications and extensions
- CMS diagnostic coding guidelines
- Differentiate between signs/symptoms and ill-defined conditions and a diagnosis
- Correct rules and guidelines for assigning codes for neoplasms, adverse effects, wounds, burns, injuries, HIV/AIDS, etc.
- Application of the coding conventions in correct coding
- How to determine the accurate diagnostic code order
- The importance of identifying the most significant injury as the chief reason for an encounter
- Proper use of the Drugs and Chemicals Table
- Rules and guidelines for pregnancy and pregnancy complication code assignments
- Proper use of supplementary classifications (V&E codes)
- Problem set exercises for hands-on comprehension

HCPCS/CPT Procedural Coding

- A study of the uniform coding system that converts descriptions of medical, surgical



- and diagnostic services into numerical codes
- Understand the key elements of physician documentation that drives the assignment of CPT codes
- Identify ways to ensure accurate code assignment through the application of coding guidelines
- Learn the basic steps in the HCPCS/CPT coding process
- Identify and understand the basic format and conventions used in the HCPCS/CPT coding manual
- Know that all services in CPT are broken down into six categories, with specific guidelines for each group
- Differentiate between global and unbundled procedures, and explain their impact on coding in CPT
- Be able to identify unlisted procedures and how to bill them
- Proficiently use modifiers for appropriate reimbursement and efficient claims processing
- Understand the different types of evaluation and management service
- E&M errors can be costly to the practice, learn to apply the guidelines appropriately
- Reduce compliance audit exposure by studying the key concepts for determining levels of E&M service
- Improve medical record documentation and optimize reimbursement with the application of the E&M coding essentials

- Understand and apply the bundled services guidelines for surgery coding
- Differentiate between a new versus established patient
- Distinguish a consult from a referral
- Know and apply surgery coding guidelines
- Exercises will provide hands-on experience in coding some common procedures and services provided by physicians

Ancillary Services & Advanced Coding

- Identify the different types of radiology services
- Distinguish between the application of technical and professional components
- Appropriately bill for supervision and interpretation (S&I) services
- Become familiar with different types of laboratory procedures
- Billing for qualitative detection versus quantitative detection
- Correctly billing laboratory panel tests
- Identify types of pathology services
- Billing for a clinical pathology consultation service versus an E&M consultation service
- Understand how to code services in the medicine section
- Proper billing for administration of vaccines and immunizations
- Identify the different types of dialysis
- Guidelines used to assign ophthalmologic examinations



Certified Medical Insurance Specialist (CMIS)[®]

How good is your team?

- Are your aging reports under control?
- Are your claim follow-up procedures effective?
- Are ABNs and authorizations being processed correctly?
- Has your ratio of outstanding claims decreased in the last year?
- Do you know how to bill for third-party subrogation or second-injury fund?

This four-day intensive CMIS Certification program will prepare you for one of the most complex tasks of the physician's business: revenue collection. Participants will receive an A to Z explanation of the total process and take away skills that will prepare them to improve processes and streamline billing procedures.

CMIS Program Highlights

This program is recommended for those with one to two years of experience in coding and billing. Participants will learn techniques to help reduce errors and improve overall practice revenue generation through accurate and timely claim submissions. There's room for improvement in every practice. This program will instill a strong foundation with specialized guidance for a variety of medical situations. Seasoned billing staff will walk away from this program better able to contribute to the financial success of the practice. Credentialed Insurance Specialists have an improved outlook, professional confidence and ability.

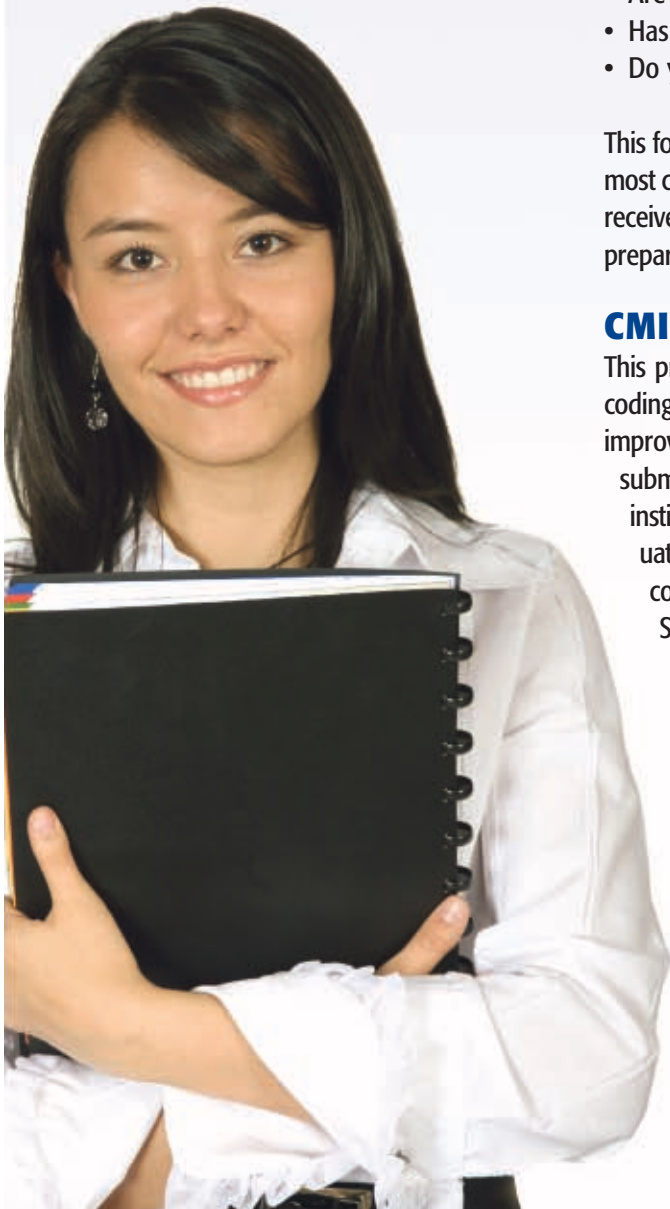
Required Materials

The CMIS preparatory class includes a binder of course instructional materials. Supplementary class materials are also required. Class participants must supply current copies of the following reference materials: CPT, ICD-9-CM Vols. 1 & 2, HCPCS manuals, and a medical dictionary.

Classroom materials are based on the AMA Official Guidelines. The recommended CPT[®] reference for this class is the current edition of the AMA CPT[®] Professional Edition.

Candidates without access to these references may purchase them on PMI's Web site: www.pmiMD.com.

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KEY COURSE OBJECTIVES

The Insurance Billing Specialist: Role and Responsibilities

- Differentiate between medical ethics and medical etiquette.
- Learn essential ways to keep insurance and medical knowledge current
- Identify the background and importance of accurate insurance claims submission, coding, and billing.

Compliance

- Three major categories of security safeguards under HIPAA and the civil and criminal penalties of non-compliance with HIPAA regulations.
- The Privacy Rule as it pertains to protected health information.
- Definition and explanation of protected health information (PHI).
- Definition of fraud and abuse and potential fines and penalties related to billing insurance claims.
- Differences between a notice, consent, and an authorization when disclosing PHI.

Basics of Health Insurance

- Distinguish among the three major classes of health insurance contracts.
- Four concepts of a valid insurance contract.
- The difference between an implied and an expressed physician-patient contract.
- Four actions to prevent problems when given signature authorization for insurance claims.
- Essential tips to minimize rejection by insurance carriers.

Medical Documentation

- Identify principles and steps of the documentation.
- Definitions for common medical, diagnostic and legal terms.
- Preparation of legally correct medicolegal forms and letters.
- Reasons why an insurance company may decide to perform an external audit.
- How to respond appropriately to the subpoena of a witness and records.

Diagnostic Coding

- The purpose and importance of coding diagnoses to the highest level of specificity.
- Use diagnostic code books properly and obtain codes accurately.
- Perform diagnostic coding accurately after completing the problems on worksheets.

Procedural Coding

- The importance and usage of modifiers in procedure coding.
- Code problems from worksheet using the CPT manual.
- The difference between CPT and HCPCS, Category II and Category III codes.

The Paper Claim: CMS-1500

- Explore reasons why claims are rejected.
- Minimize the number of insurance forms returned because of improper completion.
- Expedite the handling and processing of the

CMS-1500 insurance claim form.

- Explain the difference between clean, pending, rejected, incomplete, and invalid claims.

Electronic Data Interchange: Transactions and Security

- Transactions and code sets for insurance claims transmission.
- The necessary components of a practice management system.
- The difference between carrier-direct and clearinghouse electronically transmitted insurance claims.
- Privacy measures for electronic mail, internet, and instant messaging.
- Using patient encounter forms, crib sheets, and scannable encounter forms in electronic claims submission.
- How to conquer potential computer transmission problems.

Receiving Payments and Insurance Problem Solving

- Identify three health insurance payment policy provisions.
- Reasons for claim inquiries or rebilling a claim
- Four objectives of state insurance commissioners/state medical societies.
- Communicating problems with insurance commissioners/state medical societies.
- Levels of review and redetermination in the Medicare program.
- Sample letters of appeals for claims.

Office and Insurance Collection Strategies

- Secrets for more effective collections.
- Summarization of credit laws applicable to a physician office setting.
- Patient credit options that yield big results.
- Effective uses of a billing service, collection agency, and credit bureau in the collection process.
- When to direct delinquent collections to small claims court.
- Guidance on state prompt pay laws

Managed Care Plans

- Understanding a prepaid health plan and types of managed care plans.
- Explain and understand the difference in various managed care plans
- State reasons for a quality improvement organization.
- Four types of authorizations for medical services, tests, and procedures.

Medicare

- The A to Z of Medicare eligibility criteria, benefits and non-benefits.
- Differentiate between an HMO Risk Plan and an HMO Cost plan.
- Utilizing the lifetime beneficiary claim authorization and information release document.

- How to submit claims for Medicare beneficiaries with supplemental insurance.
- List CMS-1500 block numbers that require Medigap information when submitting a Medicare/Medigap claim.

Medicaid and Other State Programs

- Medicaid managed care system guidelines, terminology, abbreviations, eligibility classifications, benefits and non-benefits.
- Eligibility requirements and claims procedures for the Maternal and Child Health Program.
- Filing Medicaid claims for patients who have other coverage.
- Minimize Medicaid rejections due to improper form completion.

Worker's Compensation

- Workers' compensation insurance vs. employer's liability insurance.
- Types of compensation benefits for non-disability, temporary disability, and permanent disability claims.
- Terminology and abbreviations pertinent to worker's compensation cases.
- Follow-up actions for delinquent worker's comp claims
- Signs of fraud and abuse involving employees, employers, insurers, medical providers, and lawyers, and when to report.

Disability Income Insurance and Disability Benefit Programs

- Explanation and eligibility requirements for disability benefit programs and voluntary disability insurance plans.
- Terminology and abbreviations for disability insurance and benefit programs.
- Benefits and exclusions contained in individual and group disability income insurance.
- How to determine whether disability is considered temporary or permanent.
- State eligibility requirements, benefits, and limitations of SSDI and SSI.

"Thank you for giving me the opportunity to not only improve my life with a career that I love, but for giving me the training and encouragement to hopefully pass that opportunity on to others."

Wanda D. Tollison, CMC, CMIS, CMOM
Billing Coordinator/Business Manager
Greenville, SC



Certified Medical Office Manager (CMOM)[®]

This curriculum is a complete resource chosen by medical office professionals seeking to expand their skills and excel in a practice leadership role. Whether you are currently running a practice or want to acquire the skills to become a practice leader, this program will explain this role in detailed, easy-to-follow modules. Graduates of this program will gain thorough understanding of managing a successful medical practice.

CMOM Program Highlights

This program is recommended for experienced medical office managers who want to take their skills to the next level. Learn to initiate policies and protocols that will improve, protect and stabilize the financial security of the practice. More physicians need Certified Medical Office Managers who understand the newest business and regulatory issues. CMOMs help guard the practice against risks, and motivate employees to improve productivity and increase revenue. Find out how to analyze managed care contracts, stay in compliance with OSHA, OIG, and HIPAA, and deliver exceptional patient service.

"Earning my CMOM was essential in pursuing my search for an office manager position. The program provided me with invaluable information that I would not otherwise have had access to. I am very happy to report that, not long after completing the program, I secured a position as Office Manager with a medical practice near my home here in Connecticut."

M. Wells, CMOM

"This was a very well put together certification program. The details were excellent, and it covered all bases of medical office managing..."

Tedra Baskerville, CMOM
Patient Service Coordinator
Chesterfield, VA

Required Materials

The CMOM preparatory program is all-inclusive. Program participants receive a binder containing all course instructional materials, divided into four sections. No other materials are required for the prep course or exam.

KEY COURSE OBJECTIVES

Financial Management

- Budget guidelines, terminology, and financial policies every manager must master
- Learn how to communicate financial projections and advice to your physician
- Identify fluctuations in target projections through consistent monitoring
- The importance of setting financial goals and objectives
- Calculate the costs and gains generated by each revenue center to provide you with information necessary for financial planning
- Differentiate between direct and indirect costs before fees are set for each year
- Keep patients' interests while having complete financial control
- The top 4 reasons practices lose money and how to combat them
- Effective ways to educate patients about practice financial policies
- How to avoid patient billing and still get paid on time
- Collection techniques that pay off
- Successful implementation of FTC's new Red Flag rules
- The A to Z of Establishing a Fee Schedule
- Secrets to controlling practice expenses and setting solid cost control measures
- Successful forecasting with patient volume reports

Managed Care and the Medical Practice

- Expert guidance on the types of managed care and how to select the right plans
- Understanding the 3 types of termination conditions
- Steps needed to implement the Fee for Service practice
- How and why to establish an effective patient complaint system
- The role and responsibilities for the MCO Coordinator
- Learn how the Physician Utilization Committee should be used
- The do's and don'ts of gathering and managing data collection
- Implementing education programs aimed at promoting better health
- The A to Z guide to OIG Compliance
- Working with current HIPAA compliance statutes

Practice Administration

- Time management tips that will improve overall office productivity management
- Explore the key aspects of employment relations and the statutes that form the basis of all employment decisions
- What every manager must know about employee protection laws
- How to handle unique situations or special issues in the practice
- The development of business and administration policies and procedures
- Essential guidelines every practice must follow when implementing the Employee Handbook
- Overview of the do's and don'ts of facility management
- 4 lawsuit triggers that every manager must know and how to prevent them
- How to effectively sever the patient/physician relationship
- Using medical records as the first line of defense in a malpractice suit
- Explore the key elements needed in every medical record
- 10 essential principles of medical record documentation

Personnel & Time Management in the Medical Practice

- Hire, motivate, and train the best team members
- Analysis of leadership and management styles
- 5 Secrets to successful practice leadership
- Tips on how to lead more productive staff meetings
- Listening skills that will positively impact your management style
- Write more effective job descriptions to draw the best candidates
- The steps and selection process when hiring the right candidate
- Recruiting and retaining the best staff for your team
- Personnel problem-solving exercises
- Establishing and managing attractive, equitable staff compensation packages
- Techniques and policies designed to deter absenteeism





Making the Most of Your Certification

Earning your certification is a valuable achievement for both you and your employer. More physicians need an educated staff, capable of understanding the administrative side of their business. Those who continue to expand their professional knowledge will have the edge in today's ever-changing healthcare climate.

Practice Management Institute® provides a number of benefits and professional development resources for its certified professionals.

Demonstrate Your Achievement

- 8x10" Professional Certificate, personalized with your name, and suitable for framing
- Certification lapel pin
- Your name and certification status listed on PMI's Certification Verification Web site
- Subscription to Practice Management Institute's weekly email updates
- 10% discount off all future PMI workshops, seminars, and online classes
- Job bulletin board located on PMI's Web site for credentialed professionals and employers to post/search employment opportunities

Network with Your Peers

Whether you are in a rural or metropolitan area, you'll stay connected to healthcare issues that affect the practice and your career.

Professional Development Workshops

PMI works with host organizations all over the country to bring live professional development classes to medical practice professionals.

Discussion Forum

PMI's Discussion Forum is a place where your questions and comments can be viewed and responded to by thousands of medical office professionals.

NetworkPMI

Get members-only access to educational resources, discounts on products, services, free Career Bank postings, networking at local meetings and much more. Sign up today at network.pmiMD.com.



Conferences

PMI conducts national and regional multi-day conferences each year. Participants attend multiple sessions based on their interests. During PMI's conferences, attendees learn strategies for improving their skills and staying on the front line of practice productivity.

For more information on any of the above resources, visit www.pmiMD.com.

Payment Plan Available

PMI is making its certification courses more affordable with a payment plan. All fees must be paid in full before scheduling the certification exam. Offer subject to cancellation fees. Download the *Easy Pay Consent Form* at PMI's Web site:

www.pmiMD.com.

Access Valuable Resources

PMI's Web site: www.pmiMD.com contains a collection of resources for certified office professionals.

- Current practice management news and training schedule
- Nationwide seminar and workshop locator
- CEU resources and ideas
- Certification verification and renewal forms
- Online classes and webinars for continued professional development
- Interactive discussion forum
- Practice reference books, tools and software
- PMI conference and special event news

"Invest in yourself and your future with professional certification."

Find a live certification preparatory course in your area by visiting www.pmiMD.com, or complete the form below for our Self-Study option.



Self Study Package Order Form

Please complete the following information and keep a copy for your records

Participant Information

Name _____
 Physician/ Practice Name _____
 Shipping Address (No P.O. Boxes) _____
 City _____ State _____ Zip _____
 Phone () _____ Fax () _____
 E-mail _____
 Order Code (if applicable) _____

Order Information

	Price	Certified Discount*	Price
Individual Self Study/Exam Packages			
Certified Medical Coder (CMC)	\$1,250.00	-125.00	
Certified Medical Insurance Specialist (CMIS)	\$999.00	-99.90	
Certified Medical Office Manager (CMOM)	\$999.00	-99.90	
Exam Only Option	\$299.00	-29.90	
Shipping & Handling \$19.95 per program			
	Package Sub-Total		
	Plus Tax (TX residents only – Add 8.125% sales tax)		
	Plus Shipping & Handling		
	Total Amount Enclosed		

Payment Information

Method of payment:

VISA American Express
 MasterCard Check or Money Order
 (Payable to *Practice Management Institute*)

If paying by credit card, please complete the following:

Card No. _____ Exp. Date _____
 Cardholder Name _____
 Cardholder Signature _____

Order Methods



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for secure online ordering 24/7.



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Attention: Self Study Coordinator



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ask for a Self Study Coordinator



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San Antonio, TX 78229
(Please make checks payable to *Practice Management Institute*®)

* **Certified Discount:** If someone in your practice already has an active PMI certification, you are eligible to save **10% off the regular price** of any of these packages. To receive your PMI certified discount, record your active certification ID# here: _____.

Satisfaction Guarantee: If you are not completely satisfied, simply return your Self Study materials in original condition within 30 days of your purchase. You will receive a full refund, less a 10% processing fee. Package must be returned via a traceable method (i.e., UPS, USPS, FedEx, etc.) Please allow three to four weeks for refund processing from date Self Study package is received by PMI. For exchanges or Credit for a future PMI program or product purchase, no processing fee will be charged.



Inside:

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Certification for Medical Office Staff



Certified Medical Coder (CMC)[®]



Certified Medical Insurance Specialist (CMIS)[®]



Certified Medical Office Manager (CMOM)[®]