



ICD-10 Implementation focused workshops • CME-approved sessions  
Details inside



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CHICAGO

2014

National Conference  
for Medical Office  
Professionals

May 21-23

Sheraton Chicago Hotel & Towers

With Special Guest, Dr. Patch Adams



## Conference Highlights

- 3 full days of advanced **training and networking** opportunities focused on becoming more productive, profitable and compliant in the medical office
- 2 **CME-approved Pre-Conference** sessions on May 21 dedicated to ICD-10 coding comprehension and implementation, respectively
- 22 Conference sessions, May 22-23 which include 4 general sessions, 2 interactive panels and 2 keynote presentations **focused on the business of medicine**: managing the private practice, optimizing practice productivity, improving coding and billing accuracy, maintaining compliance with federal guidelines, and much more
- Special appearance by **Dr. Patch Adams**, an internationally-known authority and powerful social activist, inspiring audiences worldwide at a multitude of speaking engagements and events
- Health care compliance panel featuring industry leaders providing live, up-close perspectives on issues that impact your practice now and into the future
- PMI Certified Professionals earn **up to 20 CEUs**

There's something for everyone in 3 information-packed days of training. Visit the web site for current schedule and sessions:  
[www.pmiMD.com/chicago14](http://www.pmiMD.com/chicago14)

## Keynote Presenters



### Dr. Patch Adams

Patch Adams, M.D., is an internationally-known speaker on wellness, laughter, and humor as well as on health care and health care systems. He is one of today's most inspirational medical authorities and powerful medical social activists, inspiring audiences worldwide at a multitude of speaking engagements and events. He approaches the issues of personal, community, and global health with "zestful exuberance," according to *Time Magazine*.

"Extraordinary! One man I can look up to and respect," "Incredibly, mind blowing and memorable," and "Incredibly inspiring, amazing human being, invaluable to hear him first hand" are among the words heard from participants after experiencing Dr. Adams.

"Often I am asked, 'What kind of doctor are you?' I generally like to say, 'I'm a caring, fun doctor.' This response catches people off guard because they are really asking, 'What is your medical specialty?' Then I explain that my first hope for a patient is to be a friend, to learn and care about the patient. I also encourage the patient to be active in creating a healthy life. I try to be open to many perspectives and never give up."

– Dr. Patch Adams

### Meet the real man behind the movie, "Patch Adams," starring Robin Williams.

Dr. Adams is both a medical doctor and a clown, but he is also a social activist who has devoted 30 years to changing America's health care system, a system that he describes as expensive and elitist. He believes that laughter, joy and creativity are an integral part of the healing process and therefore, true health care must incorporate those aspects of life.



### David F. Jakielo, CHBME

David has 40 years of experience in health care with three decades managing physician practices and working with medical billing companies. His expertise is in sales, marketing, customer service, business start-ups, due diligence process, and acquisitions assimilation.

Since 1995, he has taught business methods to managers, clerical staffs, business owners and other professionals throughout North America and in Europe and Asia. He has co-authored four books and is a columnist for *Billing* and *BC Advantage*.

David earned his Masters in Management from Carnegie Mellon University and is a certified trainer. He is also a Certified Healthcare Billing & Management Executive, Past President of the Healthcare Billing & Management Association, and Past President of the National Speakers Association, Pittsburgh Chapter.

## Meet the Presenters



### **John 'Jay' Trinckes, Jr., MIS, CISSP, CISM, CRISC, NSA-IAM/IEM**

Jay is Vice President of Information Security at Ohio Shared Information Services (OSIS), a non-profit that assists Federally Qualified Health Centers with IT and security related services along with a full adoption of NextGen's suite of financial/clinical solutions to improve the quality of care delivered to the underserved population. He is a knowledgeable information security expert with hands-on experience performing risk assessments, vulnerability/penetration tests and developing information security management programs. Jay is also a former law enforcement officer.



### **Jerrie K. Weith, FHFMA, CMPE**

Jerrie is the Director of Health Care Services with Anders Minkler Huber & Helm, LLP. Her areas of specialty include revenue cycle performance, practice start-up and management, physician-hospital integration, physician compensation and operational excellence. She holds a BSBA in Accounting and an MBA with a concentration in Finance. She has earned numerous awards and recognition as a leader in health care finance. Jerrie has authored dozens of health care articles and has taught health care finance since 2001.



### **Maxine Inman Collins, MBA, CPA, CMC, CMIS, CMOM**

Maxine has more than 30 years of experience in medical practice management, adult education and general business. She has extensive experience teaching administrative and clinical personnel essential medical office skills. She is adept at personnel management, government rules and regulations, accounting and budgeting. Additionally, her experience with practice marketing and development make Maxine a knowledgeable and much sought-after practice management resource. Armed with degrees in business management and accounting, she has been instrumental in the successful launch of multiple practices.



### **Jill Raykovicz, MHA, CMPE, CPC**

Jill has more than 15 years of practice management experience, almost exclusively in hospital-owned settings. She assists independent practices struggling with shifts in payor reimbursement and certain "pay-for-performance" trends. She has created inexpensive tools and useful solutions with basic office software to help managers improve office communication and set expectations for performance. Jill is a Certified Professional Coder with a Master's in Health Administration and board certified as a Certified Medical Practice Executive.



### **Audrey Coaxum, CHI, CMCO, CMC, CMIS, CMOM**

Audrey is a Certified Healthcare Instructor with more than 20 years of hands-on health care experience. She has overseen the development and implementation of practice management, risk management and compliance policies based on federal, state, NCQA, HIPAA and OSHA standards. She has conducted in-services and developed training programs and assessments on practice management and compliance. Audrey has served on multiple boards and has extensive knowledge and experience in medical billing and coding, utilization review and practice management.



### **Jimmie Hebert, CMC, CMIS, CMOM**

Jimmie has traveled across the country teaching physicians, medical practice administrators and staff about the latest issues in medical practice management. She taught classes for PMI for more than a decade. Her background includes management of several multi-physician, multi-specialty clinics, and has worked in human resource management and patient advocacy. Jimmie has conducted managed care contract analyses and negotiation and has extensive training and experience in coding, reimbursement, collections, and compliance.



### **Rhonda Granja, BS, CMC, CMOM, CMA, CPC**

Rhonda has extensive knowledge of billing and reimbursement related to managed care and commercial carriers, as well as Medicare and state-funded projects. She has worked in health care since 1990 and is currently working as an independent medical consultant. She is a Certified Medical Assistant and Certified Professional Coder. She has been involved extensively in medical advocacy and has a proven track record for winning insurance appeals. Rhonda enjoys sharing her knowledge with others in the profession.



### **Paul Weidenfeld, Esq. Attorney, Liles Parker, PLLC**

Paul is a former Federal Prosecutor and National Health Care Fraud Coordinator who specializes in False Claims Act cases. He has an extensive litigation resume and has earned numerous awards including the prestigious Attorney General Award for Fraud Prevention, and in the private bar where he was recognized as one of Nightingale's Outstanding Healthcare Litigators for 2008. Paul is a partner in the Washington D.C. based office of Liles Parker, PLLC.

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## Featured Compliance Experts



### **Robert W. Liles, JD, MBA, MS**

Managing Member, Liles Parker, PLLC

Robert heads one of the nation's leading law firms focused on health care fraud defense and regulatory matters representing healthcare providers in civil, criminal, and administrative proceedings. He is PMI's lead legal counsel on matters of compliance and lead developer for PMI's Compliance credential (CMCO). He was the first National Health Care Fraud Coordinator and subsequently worked as Deputy Director of the U.S. Department of Justice, Executive Office for United States Attorneys. Robert's extensive experience provides a real-life perspective on compliance.



### **D.K. Everitt, CMCO, CCO**

President, The Compliance Division, LLC

D.K. Everitt is a 30-year veteran in practice management. He is a Certified Medical Compliance Officer who works with medical facilities to assist with the development, implementation, and maintenance of corporate compliance programs. As Chief Healthcare Compliance Officer and President of The Compliance Division, LLC. His areas of expertise include establishing and managing federally certified health clinics, evaluating and assessing medical facilities, implementing Corporate Integrity Agreements, developing and implementing compliance programs, and OSHA and HIPAA compliance training.

## Pre-Conference Sessions | Wednesday, May 21

### ICD-10-CM Readiness Training

CME credits are awarded for attendance at either

Pre-Conference learning track (See below)

The countdown is on and the sooner you get on board the better to prevent losses from denied claims, payment delays, and time wasted resubmitting claims. Don't be fooled into thinking your EHR software will magically get your ICD-10 codes up and running. Crosswalks and GEMS mapping are only part of the puzzle. And what if you don't have an EHR system in place yet? It's not too late to put your ICD-10 conversion plan in motion.

PMI's Pre-Conference includes a full day in a smaller group setting focused exclusively on ICD-10. Get your questions answered and find out what your peers in other offices are doing to prepare for the transition. Our Pre-Conference Instructors will help you with a plan of action to make the conversion less stressful.

### Choose a learning track:

#### ■ Survival Skills for Coders and Clinicians — 6 CMEs\*

Learn what elements are needed to extract ICD-10-CM codes, including a presentation of coding structure guidelines by chapter. Perform crosswalks and mapping from "9" to "10" while reviewing new features, including expanded codes, what will become of V&E codes, how to handle excludes notes and more. Participants will receive hands-on practice through case scenarios touching on a variety of specialties. *ICD-9 and ICD-10 coding books will be needed for this session.* Maxine Inman Collins

#### ■ Strategies for a Successful Transition for Managers — 6 CMEs\*

Put together a strategic plan for managing the transition in your healthcare organization. Examine all the elements that will be impacted and what stages are appropriate to prepare for the October 1, 2014 deadline. The Instructor will relay information on appropriate audits and reviews to make sure your physicians are compliant. Practices that use superbills or paper-based systems will face additional hurdles. Learn how to budget for the change and confidently communicate with your providers, staff and vendors to ensure compliance. Other items will include implementing staff training plans and preparing for the unexpected. Audrey Coaxum

#### 6 AMA PRA Category 1 Credits™

##### \*Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of MedChi, The Maryland State Medical Society and the Practice Management Institute®. MedChi is accredited by the ACCME to provide continuing medical education for physicians.

##### Designation Statement

MedChi designates this live activity for a maximum of 6 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Jointly Sponsored by:



# Conference Sessions | Thursday & Friday, May 22-23

## General Sessions

### Living a Life of Joy

This will be a fun and inspiring workshop conducted by internationally-known physician, Dr. Patch Adams. Participate in unique exercises and ideas as we explore the audacious idea of never having another bad day. Dr. Adams discusses how to discover the incredible thrill of choosing to live everyday with joy. Dr. Patch Adams

### Lead, Follow or Turn Out the Lights

Surviving the biggest changes to health care in more than a decade requires a focus on knowledge and skill growth. Mega groups are forming. Hospitals want to be in control. Third-party payors are reducing the number of participating physicians. The Instructor will help you move beyond survival mode and help you create a strategy for professional success. Explore current trends and evaluate their potential impact on your office. There is a bright future for those that embrace changes coming in the months and years ahead. David F. Jakielo

### Health Care Compliance Panel

This interactive panel lets you hear straight from compliance experts on key risk areas. Panelists include legal experts, auditors and thought leaders who understand your concerns and are prepared to address your questions. Discussion may include the Affordable Care Act (ACA), latest updates to HIPAA, carrier audits, state vs. federal compliance guidelines, and much more. Moderated by D.K. Everitt, with Robert Liles, Jay Trinckes, and Paul Weidenfeld

### Conference Wrap-Up Panel

PMI Faculty will gather together on stage during the final session to address audience questions and highlight important information provided during the conference. This is a unique opportunity to review critical components and learn how to integrate the tools, tips and techniques learned at the conference back at your office. Moderated by David T. Womack, with Audrey Coaxum, Maxine Inman Collins and Jimmie Hebert



# Coding Track

## Common Coding Blunders

Participants will work through common coding blunders such as improper code selection, managing CCI edits, and bundled procedures. This session will help you work with your provider to gather sufficient documentation for medical necessity and procedures performed. Points of discussion may include working to correct erroneous patient information, mismatched treatment/diagnosis codes and much more. Receive tips for improving overall coding competence.

[Maxine Inman Collins](#)

## Teach Your Providers Documentation Skills

Your charts tell the story and must explain the relevancy and justification for code selection. If it doesn't add up, a whole host of problems could arise causing a big financial disruption to the practice and may include allegations of fraud and abuse. The Instructor will help you ensure that your documentation meets the requirements, especially for the more detailed codes required in ICD-10. [Rhonda Granja](#)

## Correct Coding for Mid-Level Providers

This session will explain reimbursement for all your non-physician, mid-level provider services. Explore proper guidelines for incident-to billing mapped to mid-level provider schedules, patient types and workflows. The Instructor will explain how mid-levels interact with supervising providers reinforce clinician understanding of the appropriate utilization of extender resources. [Jimmie Hebert](#)

## Coding Challenge: A Look at ICD-10-CM

Work through advanced case exercises examining errors that could lead to denied claims. Receive current rules and guidelines for various scenarios, identify the relationships between documentation and the codes assigned, and explain the use of modifiers. In-session exercises will emphasize coding selection based on the highest degree of specificity. Bring current CPT® and ICD-9-CM and ICD-10 coding books to this session. [Maxine Inman Collins](#)

## ICD-10 Coding Crosswalks for Various Specialties

This hands-on session will put you to work analyzing cases. This is an interactive, roundtable setting designed for outpatient coding and reimbursement professionals to strengthen and apply knowledge in real-world coding situations. Complete coding exercises and a series of challenging case studies that will put your ICD-10 knowledge into practice. [Audrey Coaxum and Jimmie Hebert](#)

## Legal Issues in Coding

Coding professionals carry a tremendous responsibility for ensuring that claims submitted are accurate and lawful. This session will go over legal responsibilities, third-party audits, liabilities and what actions may be viewed as fraudulent. The Instructor will cover ethics and doing the right thing as well as personal liability if an audit occurs. Take a look at current health care legislation, external audit examples, and much more. [Audrey Coaxum](#)

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# Reimbursement Track

## Effective Collections Skills

Collections ratios are tough to control. This session will provide expert tips and tools that enable you to set measurable, data-driven goals for your practice staff for time-of-service collections, and to track progress on a monthly basis. Learn different approaches to effectively and tactfully collect patient responsibility at time-of-service. [Jill Raykovicz](#)

## What Every Medical Office Professional Must Know About the False Claims Act

The False Claims Act imposes penalties and exposes to civil liability any person who, among other things, knowingly presents a fraudulent claim for payment or approval or knowingly makes a false record or statement to get a false or fraudulent claim paid. Hear from a compliance expert about the need for providers to walk a careful line. Everyone in the office should familiarize themselves with this Act. [Paul Weidenfeld](#)

## Managed Care: Know Your Contracts

The Affordable Care Act (ACA) is already impacting contracts, particularly through the new health care marketplaces. Plans that are truly advantageous to the practice/facility must balance reimbursement and ease of administration. What are some deal killers in an insurance contract? Does your provider really want to sign on the bottom line? The Instructor will explain how to avoid costly mistakes whether or not your office has direct access to signed contracts. [Rhonda Granja](#)

## Revenue Cycle Basics for Reimbursement Specialists

If time-consuming reimbursement challenges are slowing your performance and negatively impacting the office revenue, then it's time to get a handle on your office's internal reimbursement processes and performance. Learn how to gauge your office's unique revenue cycle and discover ways to improve processes and performance. Take a tour of key indicators and examine strategies that impact and guide revenue cycle management. The Instructor will explain the characteristics of best performers and examine why efficient encounters equal revenue cycle success. [Jerrie K. Weith](#)

## E/M Trouble Spots

This session explores outpatient service coding and billing. Learn about the denial management process, especially during the global surgery period. E/M coding is a high-risk area, regularly monitored by the Office of the Inspector General (OIG). The Instructor will explain E/M guidelines and distribution of code levels as well as use of observation, including all criteria met before billing. Receive guidance on how to distinguish between new-patient visits and consults. [Jimmie Hebert](#)

## Navigating Special Billing Arrangements

This session will cover a range of billing questions with focus on some of the trickiest areas. Minimize denial risks by applying proper coding guidelines. Learn how to bill for "incident-to" services, new codes for care coordination, appropriate use of complex modifiers and more. The Instructor will help get you up to speed on current billing and reimbursement rules for these, and other challenging services. [Maxine Inman Collins](#)



# Management Track

## HIPAA Survival in the Age of Technology

What is your role in making sure that protected health information is secure? Health information has become a hot commodity in the crime underworld. From medical identity theft to obtaining narcotic drugs illegally, your patients' information needs to be protected. Review HIPAA guidelines including aspects of the new Omnibus Rule. Take a look at enforcement and penalties the practice could suffer if found non-compliant. [Jay Trinckes](#)

## Pump Up Practice Profits Your Own Way

Whether it's a creative way to seek out new revenue sources, a more efficient way to drive the revenue cycle, or an innovative approach to managing expenses, the top performing managers find sources to continually keep the bottom line strong even in challenging times. Attend this session to improve your practice's bottom line. Health care finance and practice management expert will guide you through revenue improvement principles and help you make informed decisions for practice improvement. [Jerrie K. Weith](#)

## EHRs: Risks and Rewards

Take a look at the advantages, dangers and compliance measures your office must take when working with electronic health records. The Instructor will go over everything you need to know about Meaningful Use requirements (including MU audits). This session will overview systems and help you determine whether your system is certified by CMS and the Office of the National Coordinator for Health Information Technology (ONC) – as required for participation in Meaningful Use programs. [Jill Raykovicz](#)

## ICD-10 Implementation: The Final Steps

Is your office on track or trying to catch up? This session will address the stages and phases of ICD-10 implementation. Go through a realistic timeline to help everyone responsible for the transition clearly understand the steps necessary. The Instructor will help you complete a practice assessment and review items on your implementation checklist for missing elements. [Audrey Coaxum](#)

## Delivering Exceptional Care in a Time of Transition

This session will discuss changing reimbursement options and opportunities in light of the Affordable Care Act. Analyze how organizations can improve on the safety and quality of care to be provided through the transition of the requirements under the ACA. Learn the difference between a medical home and an Accountable Care Organization. Review value-based modifier guidelines and learn how ACOs can improve cost and quality of care, and more. [Audrey Coaxum](#)

## How to Handle Patients & Manage Staff with Finesse

Avoid employee turnover and the costs of retraining. This session will help you better manage your staff and maximize productivity in the office, which ultimately results in better profitability. Minimize stress and burnout with creative ways to improve or modify the work environment. Receive tips to reduce inefficiencies and promote a healthier and more productive work environment. [Maxine Inman Collins](#)



# Pre-Conference Schedule\*

Wednesday, May 21, 2014

8:00 am – 8:30 am	Registration / Breakfast
8:30 am – 12:00 pm	ICD-10 Readiness for Medical Offices – Concurrent Sessions Begin 1. Survival Skills for Coders and Clinicians – Maxine Inman Collins 2. Strategies for a Successful Transition for Managers – Audrey Coaxum
12 noon – 1:00 pm	Lunch
1:00 pm – 4:00 pm	Concurrent Sessions Resume

# Conference Schedule\*

Thursday, May 22, 2014

7:00 am – 8:00 am	Registration / Breakfast		
8:00 am – 9:25 am	Keynote: Lead, Follow or Turn Out the Lights – David F. Jakielo		
	<b>CODING</b>	<b>REIMBURSEMENT</b>	<b>MANAGEMENT</b>
9:45 am – 11:15 am	Teach Your Providers Documentation Skills – Rhonda Granja	What Every Medical Office Professional Must Know About the False Claims Act – Paul Weidenfeld	HIPAA Survival in the Age of Technology – Jay Trinckes
11:25 am – 12:25 pm	Legal Issues in Coding – Audrey Coaxum	Revenue Cycle Basics for Reimbursement Specialists – Jerrie K. Weith	How to Handle Patients & Manage Staff with Finesse – Maxine Inman Collins
12:30 pm – 1:30 pm	Lunch with Exhibitors		
1:30 pm – 2:45 pm	Common Coding Blunders – Maxine Inman Collins	Managed Care: Know Your Contracts – Rhonda Granja	Pump Up Practice Profits Your Own Way – Jerrie K. Weith
3:00 pm – 4:30 pm	Health Care Compliance Panel: Moderated by D.K. Everitt, with Robert Liles, Jay Trinckes, and Paul Weidenfeld		

Friday, May 23, 2014

7:30 am – 8:00 am	Breakfast		
8:00 am – 9:25 am	Keynote: Living a Life of Joy – Dr. Patch Adams		
	<b>CODING</b>	<b>REIMBURSEMENT</b>	<b>MANAGEMENT</b>
9:45 am – 11:15 am	Coding Challenge: ICD-10-CM – Maxine Inman Collins	E/M Trouble Spots – Jimmie Hebert	ICD-10 Implementation: The Final Steps – Audrey Coaxum
11:25 am – 12:25 pm	Correct Coding for Mid-Level Providers – Jimmie Hebert	Effective Collections Skills – Jill Raykovicz	Delivering Exceptional Care in a Time of Transition – Audrey Coaxum
12:30 pm – 1:30 pm	Lunch with Exhibitors		
1:30 pm – 2:45 pm	ICD-10 Coding Crosswalks for Various Specialties – Audrey Coaxum & Jimmie Hebert	Navigating Special Billing Arrangements – Maxine Inman Collins	EHRs: Risks and Rewards – Jill Raykovicz
3:00 pm – 4:30 pm	Conference Wrap-Up Panel: Moderated by David T. Womack, with Audrey Coaxum, Maxine Inman Collins and Jimmie Hebert		

\*Sessions and topics are subject to change.



## Continuing Education

### Continuing Education Credits

Practice Management Institute® grants up to 20 Continuing Education Units (CEUs) for attendance at the Chicago 2014 Conference. CEUs are granted per session attended.

CEUs may be applied to annual certification renewal requirements for:



Certified Medical Coder (CMC)®



Certified Medical Insurance Specialist (CMIS)®



Certified Medical Office Manager (CMOM)®



Certified Medical Compliance Officer (CMCO)



This program has the prior approval of AAPC for 14 continuing education hours (7 per day on May 22 and 23). Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. Expiration date: 1/30/15.

### Pre-Conference CME-Approved



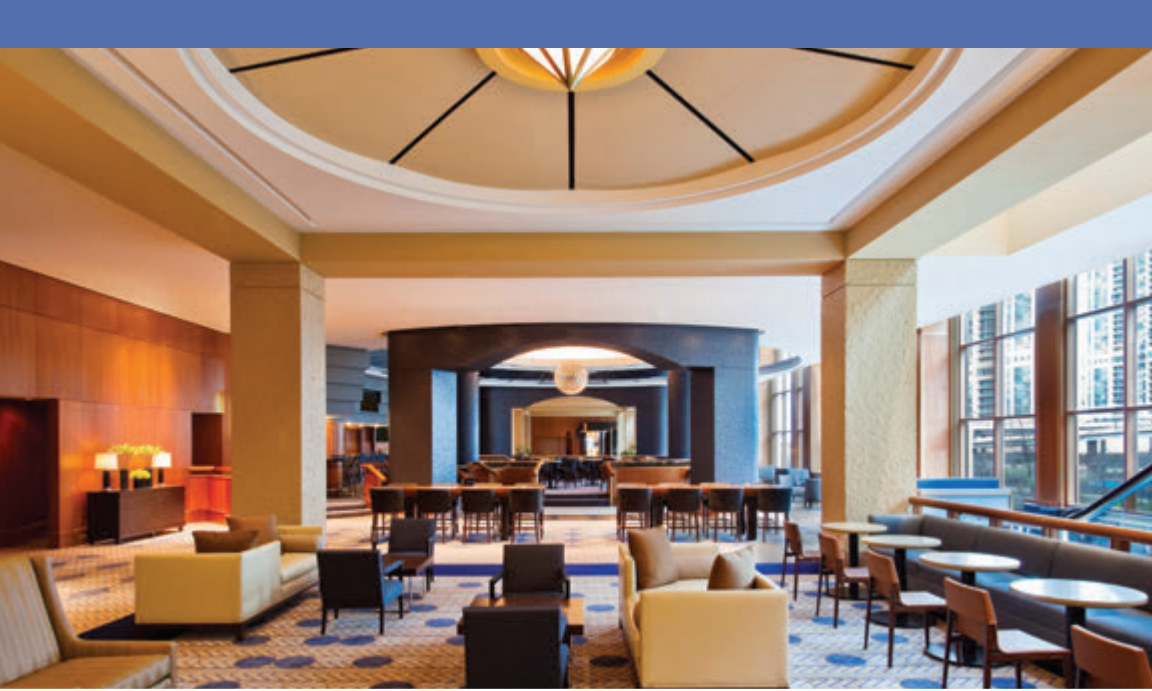
Both of PMI's Pre-Conference sessions, held on May 21, have been CME-approved by the American Medical Association in joint sponsorship with MedChi, The Maryland State Medical Society for *AMA PRA Category 1 Credit™*. Approval is recognized and accepted by hospital credentialing bodies, state medical licensure boards and medical specialty certifying boards, as well as other organizations. Refer to the Pre-Conference page for more information.

### CMEs and AMA PRA Category 1 Credits™ for CEUs

AAPC will honor 1-for-1 CEUs for any live event offering CME credit or *AMA PRA Category 1 Credit™*. A certificate of attendance with total CMEs possible for the offering is necessary to show participation. Physicians are advised to claim only the actual hours that they were present during the education. AAPC-certified members must also abide by this advisement.

"I attended the May 2013 PMI National Conference in New Orleans. This was my first PMI conference. I found the conference to be extremely helpful and useful and I believe it is one of the best educational opportunities I have taken advantage of. I wish I would have known about PMI when I started my career in 2000. I learned things in this conference that I have been puzzled about for years. The rich content of the courses and practical knowledge of the instructors was exceptional. This is an exceptional organization for entry-level through experienced medical office managers to learn about practice management and connect with others who experience similar challenges. I will definitely watch for future educational opportunities with PMI, and I have already told my regional practice administrators about this organization!"

– Sam Derrick



## Accommodations



PMI's 2014 National Conference for Medical Office Professionals will be held at Sheraton Chicago Hotel & Towers, in the heart of downtown along the Chicago River, and walking distance to Navy Pier, Magnificent Mile, Millennium Park, Art Institute, the Loop District, shopping, dining and entertainment.

Special PMI conference attendee rate: \$179 a night through April 30  
Availability is limited. Reserve now at [www.pmiMD.com/chicago14](http://www.pmiMD.com/chicago14)

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## Networking and Fun



PMI Conferences are the perfect opportunity to network with peers from across the country. A Meet and Greet Social and Sign-in Networking event will be held from 5 to 7 p.m. on Wednesday, May 21.

Avoid long lines when you sign in and pick up your conference materials on Wednesday evening in advance of the Thursday morning Conference kick-off. This is an opportunity to meet faculty and other Conference participants in a casual environment. Stop by and have a drink on us, compliments of Conference Exhibitors and PMI.

Stay tuned for more information on PMI's Thursday Evening Social with Dr. Patch Adams, Conference Presenters, participants and staff.

# Register

The 2014 Practice Management Institute® National Conference for Medical Office Professionals includes new topics and panels focused on providing you with timely information and actionable steps to integrate what you have learned back at your office.

The conference is open to anyone seeking advanced training in coding, reimbursement, and office management for the medical practice. Participants are comprised primarily of physician staff members – medical office managers, coding, and billing professionals from across the U.S. Twelve health care experts will present a total of 24 sessions organized into three learning tracks.

Attendees receive a Conference manual and tote bag, access to all general and breakout sessions, breakfast and lunch, plus up to 20 continuing education units (CEUs) for attendance all three days. Exhibitors will be on hand to share product information and door prizes with participants.

"This is my third conference and every time I am blown away by the organization and attention to details for the conference. The staff at PMI should be commended for their professionalism and ability to make EVERYBODY feel like they are most important. You guys are a joy to work with."

– Jennifer Stanley

## Fees and Discounts

2014 Conference and Pre-Conference ICD-10 Package	May 21-23 • \$1590
2014 National Conference	May 22-23 • \$1095
2014 Pre-Conference - Choose a Track: 1. Coders/Clinicians or 2. Management Track	May 21 • \$495

PMI Conference Early Bird Registrants can take advantage of special deals. Visit [www.pmiMD.com/chicago14](http://www.pmiMD.com/chicago14) to find all the latest details and more exciting Conference announcements coming soon!

## Discounts available

- Active PMI Certified Professionals receive 10% off
- Register with a colleague – 2nd person gets 10% off, 5 or more all get 15% off
- Payment Plan available

# Registration Form

## Participant Information

Provider/Practice Name \_\_\_\_\_

Practice Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Fax (    ) \_\_\_\_\_

E-mail \_\_\_\_\_

Specialty(ies) \_\_\_\_\_

Check "M" for Management Pre-Conference, "C" for Coding Pre-Conference (If applicable)

Participant Name/Job Title	Pre-Conference May 21	Conference May 22-23	Registration Fee See previous page
	M <input type="checkbox"/> C <input type="checkbox"/>	<input type="checkbox"/>	
	M <input type="checkbox"/> C <input type="checkbox"/>	<input type="checkbox"/>	
	M <input type="checkbox"/> C <input type="checkbox"/>	<input type="checkbox"/>	
Additional participants can be listed on a separate form.			Total Fee Enclosed

### Method of payment:

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above and fax to Shelby Roberts

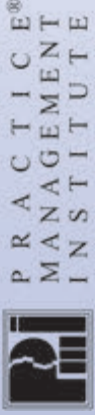
Call:

(800) 259-5562 or (210) 691-8900  
Registration lines are open from  
8 a.m. – 5 p.m. CST, weekdays

Mail:

Send registration form with payment to:  
Practice Management Institute®  
8242 Vicar  
San Antonio, TX 78218

**Cancellation Policy:** Cancellations will result in a credit voucher good within a year of issuance. A refund less 20% processing fee may be requested if cancellation is received at least 7 days prior to the program. More details on this policy are posted at [www.pmiMD.com/policies.asp](http://www.pmiMD.com/policies.asp).



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- ICD-10 Implementation  
focused workshops
- CME-approved sessions  
and much more...

**Seating is Limited!**

Check PMI Web Site for  
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