

Upcoming Seminars for Medical Office Personnel

Presented by:



How to be the Best Receptionist

Effective front office communication sets the tone for your practice. One telephone conversation or face-to-face encounter can make or break the relationship you have with your patients. This course will motivate both new and experienced staff with tactical guidelines for better productivity and attentive patient relations.

Participants will learn strategies for smoother communication with patients, physicians and back office staff, effective telephone procedures, how to manage a number of appointment scheduling issues, and how to encourage referrals. Learn how HIPAA compliance has impacted the front desk, and how to educate patients about policies. The instructor will teach methods for better patient relations including: decreasing wait time, dealing with difficult patients, and creating a positive environment. Establishing standard operating procedures, documenting to avoid risk, and an implementing an effective recall system will also be discussed.

How to be the Best Receptionist

9:00 a.m. to 12:00 p.m.

Accounts Receivable/Patient Collections

1:00 p.m. to 4:00 p.m.

Tuesday, Sept. 23

Hampton Inn
50 W. Daily Drive
Camarillo, CA 93010

Wednesday, Sept. 24

Orange County Medical Association
300 S. Flower St.
Orange, CA 92868

Thursday, Sept. 25

Desert Hospital
1150 N. Indian Canyon Dr.
Palm Springs, CA 92262

Friday, Sept. 26

Riverside County Medical Association
San Bernardino County Medical Society
3993 Jurupa Ave.
Riverside, CA 92506

Sign-in begins 15 minutes prior to program.

Accounts Receivable/Patient Collections

Before The Patient Arrives

- ◆ Developing policies on payment options and collections
- ◆ Educating patients on payment policies
- ◆ Pre-verification
- ◆ Pre-certification
- ◆ Developing responsibility statements for all patients
- ◆ Reducing collection costs
- ◆ Preparing financial policies
- ◆ Insurance, third party payers, and managed care plans
- ◆ The superbill/routing sheet/charge ticket

When The Patient Arrives

- ◆ Proper environment for the patient
- ◆ Obtaining patient information
- ◆ How to ask for payment and get it
- ◆ Face to face patient education
- ◆ Liability statements
- ◆ Discounts and courtesies
- ◆ Physician involvement

After The Patient Leaves

- ◆ The true cost of statements
- ◆ Patient account management
- ◆ Making collection calls by telephone
- ◆ The legal aspects of telephone collections
- ◆ Making collection calls without harassing patients
- ◆ When do accounts go to collection?

Join **NetworkPMI**, an exciting, new community for medical office professionals. Details at network.pmiMD.com

REGISTRATION FORM

Please keep a copy for your records.

PROGRAM INFORMATION

How to be the Best Receptionist
9:00 a.m. to 12:00 p.m.

- Sept. 23 (Prgm #13523-0923)
- Sept. 24 (Prgm #13525-0924)
- Sept. 25 (Prgm #13527-0925)
- Sept. 26 (Prgm #13529-0926)

Accounts Receivable/Patient Collections
1:00 p.m. to 4:00 p.m.

- Sept. 23 (Prgm #13524-0923)
- Sept. 24 (Prgm #13526-0924)
- Sept. 25 (Prgm #13528-0925)
- Sept. 26 (Prgm #13530-0926)

Sign-in begins 15 minutes prior to program

REGISTRATION METHOD

✉ Mail with payment to:
Shelby Roberts, Practice Management Institute
9501 Console Drive, Suite 100, San Antonio, TX 78229

☎ Phone (800) 259-5562 or (210) 691-8900

📠 Fax (210) 691-8972 Please include payment information.

🌐 Visit www.pmiMD.com
Secure online registration 24 hours a day.

PROGRAM FEE/DISCOUNT POLICIES

\$149 per person, or both programs for \$249.

CMA members pay only \$89 per person, or both programs for \$149.

Includes instructional materials.

PARTICIPANT INFORMATION

Registrant 1 _____

Registrant 2* _____

Registrant 3* _____

Additional registrants may be listed on a separate sheet

***If you are registering two or more participants, or if you are PMI-Certified, please call for discount information.**

Practice Name _____

Address _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____

E-mail Address _____

PAYMENT INFORMATION

Select form of Payment: VISA MasterCard Amex

Check (Payable to Practice Management Institute)

Card No.: _____

Total Amount: _____ Exp. Date: _____

Cardholder Name: _____

Cardholder Signature: _____