

# Upcoming Seminar for Medical Office Personnel

## The Center for Health Industry Solutions Certified Medical Office Manager (CMOM)

Presented by:



Sponsored by:



### Registration Discount for AMC/NOMA Members

#### DAY 1

##### Financial Management of the Medical Office

- ◆ Developing and Maintaining a Budget
- ◆ Analyzing Cost Centers
- ◆ Forecasting and Revenue Projections
- ◆ Evaluating the Practice Financial Statement
- ◆ Developing Revenue Centers
- ◆ Overhead Expenditures and Controls

#### DAY 2

##### Practice Administration

- ◆ Planning and Conducting Effective Staff Meetings
- ◆ Coding/Insurance Processing
- ◆ Administration
- ◆ Sources of Risk to the Medical Practice
- ◆ Delivering Exceptional Customer Service
- ◆ Minimizing Malpractice Risks
- ◆ Managerial Errors and Omissions
- ◆ OSHA Bloodborne Pathogen Requirements

**You Must Attend All Four Days!**

#### DAY 3

##### Personnel and Time Management in the Medical Practice

- ◆ Items to be Included in Employee Personnel File
- ◆ Rules, Regulations and Reporting Requirements
- ◆ Federal Wage and Labor Regulations
- ◆ Termination Guidelines
- ◆ Components for Successful Employee Training
- ◆ Employee/Personnel Handbook
- ◆ Increase Productivity Through Employee Morale

#### DAY 4

##### Managed Care and the Medical Practice

- ◆ Effective Contract Analysis
- ◆ Contract Negotiation Points
- ◆ Methods of Compensation-FFS vs. Capitation
- ◆ Importance of Compliance with Utilization Review Procedures
- ◆ Differences Between HMO-IPA-MSO-PPO and Where Your Practice Fits In
- ◆ Determine an Acceptable Capitation Rate
- ◆ CERTIFICATION EXAMINATION

*This four-day comprehensive certification program focuses on the key aspects, concerns and roadblocks that confront the medical office manager/practice administrator.*

**August 10, 11, 12 & 13**

**9:00 a.m. to 4:00 p.m. each day**

**Registration fee: \$540  
Course # 53900**

Cuyahoga Community College  
Eastern Campus Room E2-246  
4250 Richmond Road  
Highland Hills, OH 44122

**P.O.s Accepted**

For more information call (216) 987-3075  
or e-mail Alison Arkin at  
alison.arkin@tri-c.edu

**Flexible payment plans**

*CEUs awarded for completion of this course: **AAMA-24, CCC-2.4, PMI-24***

PERSONAL INFORMATION	BUSINESS OR WORK INFORMATION	TO REGISTER												
<p>Social Security Number/Student I.D.  <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Name _____                      Last First MI Former</p> <p>Address _____                      Number Street Apt. No.</p> <p>City State Zip County</p> <p>Home Phone _____</p> <p>E-Mail _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>Ethnic background:</b>  <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan  <input type="checkbox"/> White <input type="checkbox"/> Asian, Pacific Islander, or Indian (Non-Hispanic) <input type="checkbox"/> Subcontinent  <input type="checkbox"/> Hispanic <input type="checkbox"/> Other</p> <p>Date of Birth _____                      Mo. Day Year</p> <p>U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Business Name _____</p> <p>Address _____                      Number Street</p> <p>City State Zip County</p> <p>Phone _____ EXT _____</p> <p>Fax _____</p> <p><b>Payment Type</b>  <input type="checkbox"/> Bill Company via P.O.# P.O. form must accompany reg. form  <input type="checkbox"/> Check (Enclosed) <input type="checkbox"/> Money Order (Enclosed)  <input type="checkbox"/> Master Charge <input type="checkbox"/> American Express  <input type="checkbox"/> Discover <input type="checkbox"/> Visa</p> <p>Exp. Date _____</p> <p>Account Number _____</p> <p>Name on Card _____</p> <p>Signature _____</p>	<p><b>By Mail:</b> Complete registration form. Mail with payment to: Cuyahoga Community College, Unified Technologies Center Registration, 2415 Woodland Avenue, Cleveland, Ohio 44115.  <b>By Phone: (216) 987-3075</b> Payment can be made by American Express, Visa, Mastercard, Discover or accompanying P.O.  <b>Hours:</b> M - Th 8:30am - 7:00pm / Fri. 8:30am - 5:00pm Sat. 8:00am - 1:00pm  <b>By Fax: (216) 987-3210</b> Payment can be made by American Express, Visa, Mastercard, Discover or accompanying P.O.  <b>In Person:</b> Stop by the UTC building or any campus Admissions office.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: black; color: white;"> <th style="width: 10%;">COURSE REF NO</th> <th style="width: 10%;">COURSE</th> <th style="width: 10%;">START DATE</th> <th style="width: 10%;">FEE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p style="text-align: center;"><b>REFUND POLICY/PARKING INFORMATION</b></p> <p><b>Refund Policy:</b> Individuals withdrawing 1 week prior to session will receive a 90% refund. No refunds will be issued after the session begins. Call (216) 987-3075 to withdraw.  <b>Parking:</b> is \$.50 upon exiting the parking lot.</p>	COURSE REF NO	COURSE	START DATE	FEE								
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