

MULTIPLE REGISTRANT FORM

Please include registration fee (see fee schedule) with form and mail by 3/15/12 to:

Tess Young, Exec Director
Iowa Academy of Ophthalmology
PO Box 97, Polk City, IA 50226
Questions: 515-984-6383
IowaAcademyOp@aol.com

Registrant Names:

For payment information, see other side

Member Physician: _____

Practice: _____

Address: _____

Office Phone: _____

Email: _____

Refund Policy:

Registrants who cancel at least 7 days in advance will receive a full refund minus a \$35 processing fee. Substitutions are allowed if registrants cannot attend. Please inform us of such substitutions. Cancellations less than 7 days in advance will receive no refund but will receive program materials.



Tess Young, JD, Executive Director
515-984-6383
Fax: 515-984-6403
IowaAcademyOp@aol.com
www.iowaEyeDocs.org



2012 Coding Seminar

**Highlander Conference Center
2825 North Dodge St.
Iowa City, IA**

**Wednesday, March 21, 2012
8:30 am—4:00 pm
(lunch included)**

This six-hour course will present Iowa specific Medicare policies and procedures for correct coding/billing techniques, monitoring issues being investigated by Medicare Recovery Audit Contractors, and the 2012 changes in the Medicare Program.

Issues Covered:

- 2012 New CPT & ICD-9 Codes for Ophthalmology
- Documentation for Scribes
- Inappropriate Disclosures PHI
- Physician Quality Reporting System (PQRS) Incentives/Requirements
- Medicare Local & National Coverage Decisions
- E/M vs. Eye Codes
- Electronic Health Records (EHR) and E-Rx Incentives
- Contractors (RAC) Recovery Audit
- 2012 OIG Work Plan Issues

ABOUT THE PRESENTER

Joy Newby has developed a tremendous following among ophthalmology office managers, insurance billing staff, and physicians throughout at least six Midwestern States.

Joy is president of Newby Consulting, Inc, a consulting firm based in Indianapolis. A recognized expert in Medicare coding, she serves as a consultant for state ophthalmology societies in Illinois, Indiana, Iowa, Missouri, Ohio,

ABOUT OUR HELPLINE

As a benefit of physician membership in the Iowa Academy of Ophthalmology, the consulting services of Joy Newby, Inc. are available for member physician's patients whenever help is needed. Please use the Help Form provided at seminar or contact the IAO for help from this expert!

ABOUT CODING INFORMATION ON OUR WEBSITE

As a benefit of physician membership in the Iowa Academy of Ophthalmology, member practices can access coding bulletins and updates on our website as they are provided by Joy Newby, Inc. With a member only password, you can access these materials for reference when needed.

CONTACT US

Contact the Iowa Academy of Ophthalmology with any questions or concerns:

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ABOUT ACCREDITATION

Approval has been granted from the American Academy of Professional Coders for 6 Continuing Education Credits for this Seminar. Granting of this approval in no way constitutes endorsement by the AAPC of this program, content, or the sponsor.

Neither Newby Consulting, Inc, nor the speaker is employed or endorsed by Medicare, Medicaid, Noridian, WPS, the AMA or Centers for Medicare and Medicaid Services (CMS). The materials provided with these workshops are not official Medicare documents and are not meant to replace such items.

HOTEL INFORMATION

Highlander Conference Center
Quality Inn and Suites
2525 North Dodge St.
Iowa City, IA
I-80 at exit 246
Hotel Phone #: 319-354-2000

Room rates for March 20
\$69.00 plus tax
(double or single occupancy)

Call by 3/7/12 and ask for
Iowa Academy of Ophthalmology
room block to receive this rate.

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FEE SCHEDULE/REGISTRATION

IAO Physician Members/office staff:
1 person \$375
2-5 same office \$350 each
Over 6 \$325 each

Non members and office staff:
All attendees \$700

Residents and Fellows: \$125
(accredited programs)

Multiple registrants see back of form

Registrant's Name: _____ *check if multiple*

Registrant's email: _____

Member physician: _____

Practice: _____

Payment Method: Check _____ Credit Card _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Total to be charged: _____

Name as it appears on card: _____

Address of Cardholder: _____

Phone Number: _____

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