NYSSPA
New York State Society of Physician Assistants

PA Practice Reimbursement Workshop 2018
For Clinicians, Administrators and Practice Managers

1/2 Day Workshop
8am-12pm
Member Fee: $75.00
Non-Member Fee: $125.00

Full Day Workshop - *Lunch Included*
8am - 4:30pm
Member Fee: $125.00
Non-Member Fee: $175.00

Thursday, October 4, 2018

8:00-8:30 am — **Registration and Continental Breakfast**

8:30-9:30 am — **Current Industry Standards for Coding and Billing**
Christopher Kutner, Esq
Partner, Rivkin Radler Health Services Practice Group

9:30-11:30am — **Appropriate Workflow Options and Compliance for Hospital and Office Based PA Practice**
- includes CMS and Third Party Payor Guidelines
Pam D'Apuzzo, CPC, ACS-EM, ACS-MS, CPMA

11:30-12:00pm — **Panel Q & A**

12:00-1:00pm — **Lunch**

1:00-3:00pm — **Coding and Documentation Guidelines for PA Practice**
- includes case studies on E&M's and procedures
Pam D'Apuzzo, CPC, ACS-EM, ACS-MS, CPMA

3:00-4:00pm — **Moving the Reimbursement Goalposts**
Christopher Kutner, Esq
Partner, Rivkin Radler Health Services Practice Group

4:00-4:30pm — **Panel Q&A**

CONTACT INFO: (please print or type)   ☐ Please check if assistance is needed ♿

_____
Dr./Prof./Mr./Ms.   Last Name   First Name   M.I.   Degree

Preferred First Name _____   Affiliation _____ _____

Position/Title _____   Department _____

Address _____

City _____   State/Province_____   Postal Code_____   Country _____

Telephone _____   Email_____

PA Reimbursement & Coding Workshop (½ Day)
Thursday, October 4, 2018
8:30 – 12:00pm

☐   Member — $75.00
☐   Non-Member — $125.00

PA Reimbursement & Coding Workshop (Full Day)
Thursday, October 4, 2018
8:30 – 4:30pm

☐   Member — $125.00
☐   Non-Member — $175.00

METHOD OF PAYMENT

If you require special payment arrangements please contact the office at 917-679-4005.

☐ Enclosed is a check **payable to NYSSPA**. Checks must be payable in U.S. Dollars and issued by a U.S. Correspondent Bank. Each registrant is responsible for any and all bank charges. A $50.00 processing fee will be charged for checks returned unpaid.

☐ I wish to pay my fees by **credit card**. Please note: this charge will appear on your statement as "NYSSPA".
  ☐ Amex (15 digits)   ☐ Master Card (16 digits)   ☐ Visa (16 digits)

Expiration Date: _____ /_____   Validation Code_____ (3 digit code on the back of V/MC and 4 digit on front of AMEX)

Address associated with the Card if different from address listed above: _____

Name on Card (please print):_____

Authorizing Signature: _____

Note: Registrations paid by credit card may be faxed to 609-573-5064. Keep a copy of your fax transmittal confirmation for your record. If faxing, do not mail the original form. Doing so may result in duplicate charges to your credit card. Please do not email your credit card information.

CANCELLATION POLICY

If you must cancel your registration, all requests must be received in writing by NYYPA Registration or via email to meetings@nysspa.org or faxed to the number above and post-marked or transmitted electronically **no later than September 20, 2018**. All fees paid will be refunded minus a $50.00 processing fee. **There will be no refunds after September 20, 2018**.