

## Appealing Third-Party Insurance Claims

In today's reimbursement environment many claims for services are not accepted on the first request for payment. Many payers manage claims by requiring detailed information including copies of notes, discharge summaries and authorizations. Getting full payment and maximizing practice revenue will be dependent on the ability of the practice to appeal adverse claims decisions. Participants will find out how to organize the appeals, what information will really be needed and communications to maximize the results. This course is directed towards Physicians, office managers, billing and insurance staff, and front desk staff who open mail and greet patients.

### This Practice Management Webconference is just \$99 for Members & their Practices:

- | = A 90-minute live Webconference including a formal presentation and time for Q&A
- | = The course is given once as a live Webconference, on Wednesday April 9, 2007 (convenient for your staff) and then via streaming Internet technologies shortly thereafter. Your \$99 registration fee covers either one or both presentations and handout materials.
- | = The ability for ACS Fellows and practice managers to e-mail follow-up questions to Economedix Practice Management Advisors for personalized responses



Sponsored by the American College of Surgeons, PAHCOM, HNA & Others

### Course Objectives - Completion of this Practice Management Course will provide:

1. An understand the how and why third party payers deny claims;
2. Devise various appropriate strategies for appealing claims;
3. Develop strategies for minimizing appeals (Get paid the first time!);
4. Develop follow-up strategies including appeal letters;
5. Implement strategies for organizing appeals work in the office; and
6. Create strategies to increase the collection rate for the practice and minimize contractual adjustments.

**Accreditation** - The American College of Surgeons is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education to physicians.

**Credits** - The American College of Surgeons designates this educational activity for a maximum of 1.5 category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the educational activity. PAHCOM has pre-approved this educational activity for 1 CEU towards the PAHCOM CMM designation. To earn the credit, participants must complete the combination Evaluation / CME - CEU Form, that is included in the course materials, and FAX this form back within seven days following the date of the Webconference.

**Faculty** - The faculty for the course is Mr. Tom Loughrey, MBA, CCS-P. Mr. Loughrey is Chairman of Economedix and a noted practice management consultant to physicians, medical offices and medical societies. For over a decade, Mr. Loughrey has provided consulting services to the College as a part of the Consultant's Corner at the annual ACS Clinical Congress and regularly is engaged by ACS to speak and teach at meetings and workshops throughout the country.

**Registration & Information** - This completed form can be Faxed Toll Free to **877-813-9784**; or mailed to **Economedix - 297 Valley Road # 200 - Wexford, PA 15090**; For complete details and secure On-Line Registration simply go to: <http://www.YourMedPractice.com>

*Thank you for your interest in this Program!*



Practice: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Yes**, we want to participate in the **Appealing Third Party Insurance Claims Course** ... and will attend  
 Wednesday April 9, 2007 @ 1 PM Eastern,  Web-based On-Demand ... or  Both Presentations.

Form of Payment:  Check Payable to Economedix, LLC & mailed to: 297 Valley Rd # 200 - Wexford, PA 15090  
or  Credit / Debit Card (MC, Visa, Discover or American Express)

Card Number (15 or 16 digits): \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

3 Digit CVV Code\* : \_\_\_\_\_ Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Billing City, ST Zip: \_\_\_\_\_ \* Please use 4 Digit Code on front of AMX Card