



The Revenue Cycle & The Science of Getting Paid

People, Process, Payment

Workshop for Orthopaedic Surgeons & Staff

**Wednesday, October 25, 2017
8:00 a.m. - Noon**

Sheraton Hartford South Hotel
100 Capital Boulevard
Rocky Hill, CT

Presented by:

Cheyenne Brison
Karen Zupko & Associates

The workshop will focus on the important aspects of the revenue cycle, best billing practices and much more.

Learning Objectives

- Set up systems that enable the revenue cycle team to be efficient and effective.
- Initiate hiring and accountability practices that result in a healthy bottom line.
- Organize the practice for time of service collections and surgery deposits.
- Establish procedures that minimize lost revenue, credit balances, and embezzlement risk.
- Implement best practices for A/R management and follow up.

All 2017 Dues Paid COS Members and their staff register at the reduced rate of \$295.00 per attendee. Deadline to register is October 17th. The registration fee is nonrefundable however you can transfer to another person in your office.

For More Information: Call Susan Schaffman 8606901146 or email ctorthoexec@gmail.com

Register Today!

Make checks payable to Connecticut Orthopaedic Society, mail to 26 Riggs Avenue, West Hartford, CT 06107 or use your credit card. Confirmation will be sent to the email address you provide below.

Early Registration Discount of \$50.00 per participant if registration received by September 1st.

YES, I am a 2017 Dues Paying Member of the Society and registering early (by 9/1). Enclosed is payment of \$245.00 per participant.

I am NOT a 2017 Society Member and registering early (by 9/1). Enclosed is payment of \$445.00 per participant.

REGISTRATION AFTER September 1st.

YES, I am a 2017 Dues Paying Member of the Society Enclosed is payment of \$295.00 per participant.

I am NOT a 2017 Society Member. Enclosed is payment of \$495.00 per participant.

Name _____

Name _____

Email _____

Practice _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____

Payment by Credit Card – Complete, sign and, mail to CT Orthopaedic Society, 26 Riggs Avenue, West Hartford, CT 06107

Cardholder Name _____

Account No. _____

Billing Street Address: _____

City, State & Zip: _____

Expiration Date _____

Amount to Charge \$ _____

Signature _____