MEET STATE REQUIREMENT OF 2.0 HOURS OF ETHICS! 3.0 TOTAL

PRESENTS:
MANAGING MANAGED CARE AND ETHICAL CONSIDERATIONS

SPEAKER:
Piper Harris, Managing Partner and Lead SLP of Professional Imaging

WHEN:
Saturday, May 14, 2016
9:30 am-12:45 pm
*Registration begins at 9:00 am, pastries and coffee provided

WHERE:
Courtyard Marriott Airport
80 NE Loop 410
San Antonio, Texas 78216
phone: 210-530-9881

CEU Approval:
3.0 Hours of CEU (2.0 Hours of ethics/3.0 hours total)
THSA is an ASHA approved sponsor

COST:
$75.00
Included: Coffee, breakfast, booklet

Course Objectives:
-list major differences between federal /state insurance programs covering patient services to commercial insurances managing patients care covering services (what is the system and why did it change)
-list the components to documentation that can best support approval and coverage for patients services (How do you function in the current system)
-perform documentation that is specific, complete, and definitive for today’s healthcare system (Be successful in authorizations and payments)
-Define the difference between authorizations and payment (Learn current language to work within the current healthcare system and be successful)
-practice dialogue with administrators, DOR, and patients and families when payor source is a factor (Stick to your clinical obligations but do not ignore the limitations)

_Ethical objectives:_
- Define Autonomy, Beneficence, Nonmaleficence, and Social Justice
- Practice incorporating ethics when having to discuss coverage/payer source
- Identify language that conveys that our ethical obligations without discounting the business structure of the current healthcare climate

**Reservation Information: San Antonio, Texas, Saturday, May 14, 2016**

**Cost:** $75.00

To reserve a seat fill out this form and FAX TO:

1-877-676-6277 or 281-272-6281

for credit card payment call office at 281-272-6277, talk to Daniel, cc not accepted onsite, must call before

cash or check accepted onsite: *receipts will be provided at the conference

**Please print below: FAX TO 281-272-6281**

Name: ____________________________________________

Facility: ___________________________________________

Currently utilizing MBSS service from:

___ Professional Imaging ___ Hospital ___ Other

Contact Cell Phone: _____________________________ (required, we will remind you the day before thru text and/or email)

Email address: ________________________________

________ check here if paying onsite with a check or bringing cash

CALL ME DIRECTLY IF ANY QUESTIONS: PIPER CELL: 832-563-7464