

MEET STATE REQUIREMENT OF 2.0 HOURS OF ETHICS! 3.0 TOTAL



Consultants in Dysphagia Diagnosis and Management

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