



THE ART OF GETTING PAID: Take Charge of Accounts Receivable



Presented by Mitzi Young
*SBCMS Physician Advocate and
CMA Center for Economic Services*

Mitzi brings 26 years of stellar experience and expertise in the health care industry. She began her career working for a third party administrator as a claims and eligibility processor for San Bernardino County hospital's medically indigent adult program.

After advancing her education, she led the operations and business outreach for specialty practices and for an ambulatory surgery center.

Mitzi has vast knowledge of medical billing and collections, contracting, compliance, accreditation, relationships to insurers, and personnel and business management. She understands the needs of physicians and their staff, the daily challenges that medical practices face and is passionate about advocating on behalf of providers to empower them to succeed in the ever-changing healthcare environment.

TOPICS TO BE COVERED

- Your A/R process is talking to you... are you listening?
- The world of aged accounts and how to resolve
- Capitation, fee for service, co-pays and SO much more
- Challenges with payors
- Correcting internal workflow issues
- Use scheduling to your advantage
- Physician documentation
- Missed appointment policies, outcomes and repercussions
- Hot topics and policy updates that your team MUST know



Lunch included!

FEE:
\$15
member or
member staff

\$45
non member

Wednesday, Sept. 13
12:00pm - 2:00pm
SBCMS
1859 W. Redlands Blvd.
Redlands, CA 92373

Tuesday, Sept. 19
12:00pm - 2:00pm
Choice Medical Group
13010 Hesperia Rd., Ste. 100
Victorville, CA 92395

To register, please scan, fax or mail the completed information below to jsolorio@sbcms.org; 909-335-4800-fax; 1859 W. Redlands Blvd., Redlands, CA. 92373. Or register online at <http://www.sbcms.org/events>.
Unfortunately we are not able to provide refunds if notice of cancellation is not given 24 hours in advance.

Name: _____ Physician Office or Group: _____
Office Address: _____ City, State, Zip: _____
Work Phone: _____ Cell Phone: _____ Email: _____
Enclosed is my payment of \$ _____ Check payable to SBCMS _____ Visa / Mastercard / Amex / Discover _____
Card Number: _____ Authorized Cardholder Name: _____
Exp. Date: _____ CCV Code: _____ Charge Amount: _____ **Sept. 13:** _____ **Sept. 19:** _____ Vegetarian Lunch?: _____
Billing Address: _____ City, State, Zip: _____