



IMPROVING THE PATIENT EXPERIENCE

-See it through their eyes-

Tuesday, February 13, 2018 | 12noon - 2pm
San Bernardino County Medical Society
1859 W. Redlands Blvd., Redlands, CA.



PRESENTER: MITZI YOUNG

Physician Advocate, CMA Center for Economic Services

Mitzi brings 26 years of expertise in the health care industry. She began her career as a claims and eligibility processor for a third party administrator with San Bernardino County hospital's medically indigent adult program. After advancing her education, she led the operations and business outreach for specialty practices and an ambulatory surgery center.

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

FEE:

\$15
member or
member staff

\$45
non member

Lunch will
be served

TOOLS & TIPS THAT CAN MAKE OR BREAK YOUR PRACTICE!

- What EXACTLY is customer service?
- What is patient satisfaction vs. patient experience?
- What's the customer experience "equation" you need to know?
- Should you survey your patients?
- How can you connect and build trust with patients?
- What are some specific ways to improve communications with patients?
- What is your role in customer service?

We are unable to refund reservations within 48 hours of the event.

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>.

IMPROVING THE PATIENT EXPERIENCE -- SBCMS -- Feb. 13, 2018

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 #: _____ Authorized Cardholder Name: _____

Exp. Date: _____ CCV Code: _____ Charge Amount: _____

Billing Address: _____ City, State, Zip: _____

San Bernardino County Medical Society
1859 W. Redlands Blvd. -- Redlands, CA 92373 -- 909-273-6000 -- www.sbcms.org