

REHABILITATION CONSULTING & RESOURCE INSTITUTE
IN COOPERATION WITH THE APTA / COLORADO CHAPTER PRESENTS
"Reimbursement Challenges in Outpatient Physical Therapy:
Tools for Success in 2008"

by **Helene M. Fearon, PT** and **Stephen M. Levine, PT, DPT, MSHA**
Friday & Saturday, May 9-10, 2008 ~ Sheraton Milwaukee Brookfield Hotel ~ Milwaukee, Wisc.

Get the tools you need! Learn practical, ready-to-implement tips on how to modify your current policies, procedures, staffing and provision of care to be successful in 2008 and beyond! Details available at:

<http://www.assnoffice.com/rcri/colorado/registration.html>

Recent reimbursement changes and an increase in audits by Medicare and other payers will make it harder to receive adequate payment for quality physical therapy. Learn from the top experts in the country how to navigate and successfully manage the constantly changing and complicated Medicare reimbursement process. This course meets CE accreditation standards.

Three simple ways to register

BE SURE TO INCLUDE ALL INFORMATION REQUESTED BELOW:

1. **Register Secure On-line** at: <https://www.assnoffice.com/rcri/colorado/securereg.html>
2. **Fax** the completed form below to (303) 694-4869
3. **Mail** completed form to RCRI Seminar Office, 7400 E. Arapahoe Road #211, Centennial, CO 80112

Please type or print legibly all information below. (registration deadline April 18, 2008)

1. First Name	Last Name	PT	Other:
Company			
Address		City/State/Zip Code	
Phone ()		Fax ()	
Email (mandatory)		Degrees/Certification	

Additional Registrant(s):

2. First Name	Last Name	PT	Other:
Email (mandatory)		Degrees/Certifications	
3. First Name	Last Name	PT	Other:
Email (mandatory)		Degrees/Certifications	

Seminar Early Registration Fees

- APTA Member ~ \$495 (\$50 discount for each additional PT from member's practice)
- Office Admin / Billing Clerk from Member practice ~ \$445 (PT from APTA member's practice in attendance.
Member Name: _____)
- Office Admin / Billing Clerk from Member practice ~ \$495 (PT from APTA member's practice not in attendance.
Member Name: _____)
- Non-Member ~ \$650 (\$50 discount for each additional PT from non-member's practice)
- Office Admin / Billing Clerk from Non-Member practice ~ \$600 (PT from non-member's practice in attendance. Non-Member Name: _____)
- Office Admin / Billing Clerk from Non-Member practice ~ \$650 (PT from non-member's practice not in attendance. Non-Member Name: _____)

Total Amount Due \$ _____ * *Please add \$50 per registrant if e-mailed, postmarked or faxed after 4/18/07.

[] Check (payable to RCRI) [] VISA [] MCard [] Amex [] Purchase Order # _____

Cardholder name (print) _____

Card Number _____ / _____ / _____ Exp. Date _____

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