



# NAVIGATING PRIOR AUTHORIZATION AND THE APPEAL PROCESS

## COMMUNICATING IN THE INSURER'S LANGUAGE: WHAT PHYSICIANS NEED TO KNOW

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**Wednesday, September 29, 2010**

6 ~ 7:30 pm (light refreshments will be served)

**Monroe County Medical Society**

The Park at Allens Creek, 132 Allens Creek Road, Rochester, NY 14618

**FREE for MCMS and 7th District members / \$50 for non-members**

This program will help you develop useful strategies to level the playing field the next time you're faced with the prior authorization process or assisting a patient in appealing a decision. In a panel discussion format, medical directors will explain how to prepare and submit a well thought out appeal packet. Learn where to find prior authorization criteria and how to use it to meet requirements. Gain a greater understanding of your options to improve efficiency and increase your chances for a more satisfactory outcome.

### Registration Form - PRIOR AUTHORIZATION (9-29-10B)

Name(s): \_\_\_\_\_

Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROGRAM is FREE for members / \$50 for non-members**

\_\_\_\_\_ Payment of \$ \_\_\_\_\_ is enclosed. (Checks should be made payable to "MCMS")

\_\_\_\_\_ Please bill my credit card my (check one)  MasterCard  Visa \$ \_\_\_\_\_

Name (as it appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please mail completed form and payment to MCMS, 132 Allens Creek Road, Rochester, NY, 14618

Registrations paid by credit card may be faxed to (585) 473-7641 - Attn: Ginny

For more information, please call 473-7573