



LONG ISLAND MEDICAL GROUP MANAGEMENT ASSOCIATION

presents

Practice Management Tools for 2010

Date: Tuesday, March 16, 2010
Time: 5:15 pm - 6:00 pm - Registration and Networking
6:00 pm - 7:30 pm - Program
Location: Capital One Bank
275 Broadhollow Road (@the LIE North Service Road)
Executive Dining Room, 4th Floor, Melville, New York 11747
Cost: NYMGMA member - No Charge
Non Members \$25 in advance \$35 at the door

Developing a Growth Strategy for Your Practice in Challenging Times:
How to Create a Long-Term Strategic Plan

Presenter: Lee Ferber, CPA, Partner
Health Care Services Group
Gettry Marcus Stern & Lehrer, CPA, P.C.

About this Session:

Medical practices are facing greater challenges today - decreasing reimbursements, physician shortages, greater regulatory compliance pressure, competition from hospitals, and increasing technology costs, just to name a few. However, you can effectively address these issues by developing a long-term strategic plan for your practice; one that can provide a road map for continued growth, even in these challenging times.

The preparation of a well-thought-out plan will not only help you identify where you want to be in the future, but it will help you figure out how to get there. Some of the topics to be discussed include organizing practice goals, establishing a time line for new initiatives, and gaining partner buy-in.

PQRI 2010/ e-scribing 2010

Presenter: Lynette Byrnes, Practice Administrator
Rheumatology Associates of Long Island

About the Session:

Learn how to select which reporting method is best for your practice in order to maximize revenue. We will discuss three ways to report including:

- CMS on Medicare Part B Claim
• Qualified PQRI Registry
• CMS via EMR/EHR

and review ways to implement without breaking your work flow.



Registration: Complete the form and mail with payment to the NYMGMA office at:
30 Jericho Turnpike, #170, Commack, NY 11725 or register online at www.nymgma.com
Phone (631) 864-1960 Fax: (631) 864-8397 Register by Wednesday, March 10, 2010

NAME: TITLE:
PHONE: E-MAIL
ORGANIZATION:
ADDRESS:
CITY: STATE: ZIP:

Checks should be made payable to LIMGMA or you may pay by credit card:
Mastercard VISA American Express CVV2 Code Zip code of billing address
Card # Exp. Signature