

Medical Association of Billers Train-the-Trainer

The first day of Train-the-Trainer consists of observing our certified instructors and asking questions. You will cover:

- Adult Learning Styles
- Medical Terminology
- Insurance Carriers
- Introduction to ICD Coding
- Introduction to CPT Coding
- Medicare
- Completing a CMS 1500 form
- Evaluating an EOB

The second day will be the trainer presentation evaluations. Trainers will receive topics from our Certified Instructors. Presentations are to last between 5-10 minutes and will be graded on: presentation technique, knowledge and question answering skills. Instructors will also be asked to take the Certified Medical Billing Specialist® examination.

The cost for the two days is \$600.

In order to teach and evaluate during the Train-the-Trainer program you must be a current member, CMBS status active, and have a Confidentiality Agreement on file.

**Register early,
limited seating!**

Hours: 9:00 am—5:00 pm
Location: 2620 Regatta Drive, #102
Las Vegas, NV 89128
Phone: 702-240-8519
Fax: 702-243-0359

Cancellation Policy: All cancellations must be received in writing. Those received 30 days prior to Train-the-Trainer are 100% refundable; those received 8-29 days prior will receive a refund minus \$100 administrative fee; those received 7 days or less prior are non refundable.

HOTELS LOCATED NEAR MAB TRAINING CENTER:

**La Quinta Inn and Suites
Las Vegas Northwest/Tech Center**
7101 Cascade Valley Court
Las Vegas, Nevada, 89128
1-800-531-5900

Hampton Inn Las Vegas/Summerlin
7100 Cascade Valley Court
Las Vegas, NV 89128
1-800-HAMPTON

Certification Renewal

Teach and evaluate the Train-the-Trainer Program and receive 14 CEUs PLUS 14 hours of teaching hours.

Note: CEUs are for any medical billing and coding classes (3 CEU more than the CMBS). Training is any medical billing and coding classes.

Train-the-Trainer: \$600
**Two or more from the same
facility: \$550 per person**

(Please complete an application for each attendee)

October 18-19, 2012

Name _____

Company _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

E-Mail _____

Please call our office for more information regarding on-site credentialing.

*Please print out this form and mail with your payment
~or~*

To make a payment via our secure shopping cart click here.

shop.physicianswebsites.com