

Managing a practice is complex.

The American Academy of Ophthalmic Executives can help.

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"AAOE provides valuable guides and insights on the practice of ophthalmology. I strongly encourage any ophthalmologist with an office-based practice to join."

- BRADLEY SANDLER, MD AAOE MEMBER SINCE 2005

"AAOE membership gives me great networking and learning opportunities. The listservs provide answers for everything."

- SUE LOEN, OCS
PRACTICE ADMINISTRATOR
AAOE MEMBER SINCE 2008

The American Academy of Ophthalmic Executives (AAOE), the practice management affiliate of the American Academy of Ophthalmology, provides the solutions and the network to help you manage your practice more effectively. Join AAOE to ensure your practice succeeds in all aspects of business, coding, compliance and operations:

- · Improving your financial bottom line
- Keeping up to date on coding changes
- Audit-proofing your documentation
- Complying with the latest federal regulatory mandates
- Reducing patient wait times
- Hiring and keeping qualified personnel
- Improving patient and staff satisfaction

## As a member, you'll have access to these valuable members-only benefits:

**Free registration and priority housing** to ophthalmology's premier conference

Authoritative information you need to manage your practice

**Listservs** to connect with peers

**Customized coding answers** from AAOE's coding experts

Practice Management Express, a weekly email with news and advice

Weekly news briefs from the American Academy of Ophthalmology

Free subscription to EyeNet® Magazine published monthly

**Member discounts** on events, products and other services

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Join AAOE or enroll your staff at aao.org/joinaaoe



## **AAOE Membership Application for Administrative Personnel**

## **AAOE MEMBERSHIP ELIGIBILITY**

Individuals must be administrative personnel (which shall not include optometrists) employed by a member of the American Academy of Ophthalmology.

## **GENERAL INFORMATION**

Last Name		First Name		Middle Initial
Credential(s): (Check all that ap	pply) PhD MBA	ocs co	COE CO	мт От СРС
Job Title				
Practice Name				
Practice Address				
City		State	Zip	Country
Telephone		Fax		
Primary Email - Will be used to log in and retrieve passwords. Cannot match any other user's primary email. (Required)				
Communication Email - Academy communications will go to Primary Email unless this field is completed. (Optional)				
EMPLOYER INFOR	MATION			
Physician Name		Academy Member #		
PAYMENT SPECIAL OFFER ENDS AUG.31: \$260 \$210 (Membership is from Jan. 1 to Dec. 31, 2016)  VISA MasterCard AMEX Discover Check or money order, payable to AAO				
Card Number		Exp. Date	Authorized Sig	gnature
Name on Card				
Cardholder's Billing Addres	s			
City		State	Zip	Country
I understand and agree that the American Academy of Ophthalmic Executives does not accept optometrists or commercial representatives as members and that I must be a member of the American Academy of Ophthalmology. I further agree that if I violate the foregoing statement, my membership in AAOE will be terminated immediately and no membership or other fees will be returned.				
Signature			Date	
RETURN THIS FORM TO: A	merican Academy of Oph	nthalmology	Fax: 415.561.8575	

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