

AAOE Provides the Practice Management Solutions You Need to Run a Successful Ophthalmic Practice

Managing a practice in this challenging health care and economic environment is complex. That's why membership in the American Academy of Ophthalmic Executives (AAOE), **the practice management division of the American Academy of Ophthalmology**, is beneficial to you and your career.

VALUABLE INSIGHTS ON KEY ISSUES THAT IMPACT YOUR PRACTICE

- ICD-10 transition
- Coding and reimbursement
- Electronic health records (EHR)
- Meaningful use attestation
- HIPAA changes
- Physician Quality Reporting System (PQRS)
- Compliance
- Marketing and business development
- Financial management
- Practice operations and efficiency
- Risk management
- Professional growth
- Staff management

"AAOE enabled and equipped me to take a brand new practice and turn it cash positive within the first year, doing even better the second. Several years later, AAOE is still my first go-to resource, delivering lots of knowledge and information on all current and evolving events. Their E-Talk listserv, website, Annual Meeting and member networking are invaluable resources. For me, AAOE membership is an absolute must have!"

Sandy L. Dilts, MHA, COA

Executive Director

American Health Network Eye Specialists

AAOE member since 2010

ONE-STOP RESOURCE FOR UP-TO-DATE INFORMATION

- Free AAO 2015 registration and priority housing
- Access to a host of listservs—E-Talk, E-Code and E-Retina—so you can connect and share information with other members
- Access to online practice management tools and resources: EHR Central, Allied Health Recruitment and Training Toolkit, Practice Forms Library, PQRS, AcadeMetrics™ benchmarking survey, job descriptions, courses, guides and more
- Email bulletins on coding, management, managing/training allied health personnel, ophthalmic news and advocacy
- An annual subscription to the renowned EyeNet Magazine (12 issues)
- Customized answers to your questions about coding and EHR planning, selection, implementation and meaningful use
- Member discounts on events, courses, products and other services

JOINING AAOE BENEFITS YOU AND YOUR BOTTOM LINE

- Learn to appropriately code for proper reimbursement
- Increase your management expertise
- Run the practice in a more strategic way
- Discover ways to streamline workflow
- Learn best practices to improve efficiency and profitability
- Anticipate and overcome the challenges ahead

Join AAOE today!
Connect • Grow • Lead



AAOE MEMBERSHIP ELIGIBILITY

To be eligible for membership in AAOE, individuals must be either (1) administrative personnel (which shall not include optometrists) employed by a fellow or member of the American Academy of Ophthalmology or (2) must themselves be a fellow or member of the Academy.

GENERAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

I work for an Academy member: ☐ YES ☐ NO

Credential(s) (check all that apply): ☐ PhD ☐ MBA ☐ OCS ☐ COA ☐ COE ☐ COMT ☐ COT ☐ CPC

Job Title: _____

Practice Name: _____

Practice Address: _____

City: _____ State: _____ Zip: _____ Country: _____

E-mail: _____ Telephone: _____ Fax: _____

EMPLOYER INFORMATION

Physician Name: _____ Academy Member # (required): _____

PAYMENT (Membership is from Jan.1 to Dec. 31)*

Amount: \$250

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover ☐ Check or money order, payable to AAO

Card Number: _____ Exp. Date: _____

Authorized Signature: _____

Name as it Appears on Card: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

RETURN THIS FORM TO:

American Academy of Ophthalmology
Dept. #34048
P. O. Box 39000
San Francisco, CA 94139
Fax: 415.561.8575

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 employed by 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: _____

***Benefits and pricing shown are for the 2015 calendar year.**