

Managing a practice is complex. You don't have to do it alone. AAOE can help.

The **American Academy of Ophthalmic Executives (AAOE)**, the practice management division 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:

- Transitioning to ICD-10
- 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:

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"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

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AAOE MEMBERSHIP ELIGIBILITY

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: _____

Telephone: _____ Fax: _____

Primary Email – Used to log in and retrieve passwords. Cannot match any other user's primary email. (Required)

Communication Email – Academy communications will to Primary Email unless this field is completed. (Optional)

EMPLOYER INFORMATION

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

PAYMENT Amount: ~~\$250~~ \$200 Membership is from Jan.1 to Dec. 31*
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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: _____

RETURN THIS FORM TO:

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