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:

- Improve your financial bottom line
- Keep up to date on coding changes
- Audit-proof your documentation
- Comply with the latest federal regulatory mandates
- Reduce patient wait times
- Hire and keep qualified personnel
- Improve patient and staff satisfaction

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

NEW - Full access to the Academy’s ONE® Network and advocacy information to help you stay up-to-date on ophthalmic news and education

Free registration and priority housing to AAO 2017 in New Orleans, ophthalmology’s premier meeting

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®, the Academy’s official newsmagazine containing practical clinical and business information

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

Individuals must be administrative personnel employed by a current paid member of the American Academy of Ophthalmology. Optometrists are not eligible for AAOE membership.

GENERAL INFORMATION

Last Name
First Name
Middle Initial

Credential(s): (Check all that apply)  
- PhD  
- MBA  
- OCS  
- COA  
- COE  
- COMT  
- OT  
- CPC

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 INFORMATION

Physician Name
Academy Member #

PAYMENT  
$285  
$235 SPECIAL OFFER GOOD UNTIL SEPT. 15, 2017 (Membership is from Jan. 1 to Dec. 31, 2017)

- VISA  
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Exp. Date
Authorized Signature

Name on Card

Cardholder’s Billing Address
City
State
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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 my employer must be a current paid 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:  
American Academy of Ophthalmology
Dept #34048
P.O. Box 39000
San Francisco, CA 94139

QUESTIONS? Contact Member Services
T: +1 415.561.8581
E: member_services@aao.org

F: +1 415.561.8575