

American Academy of Ophthalmic Executives®

Empower Your Entire Practice Team

Move forward with expert support and valuable benefits

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FOR OPHTHALMOLOGISTS



"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

"Joining AAOE was one of the best things I could ever have done in this job. It's just an amazing resource for quick answers to practice management questions. It keeps me informed of what I need to know. It's a huge support system for all the many challenges we face every day."

D. LAUREN MANGAN

The American Academy of Ophthalmic Executives® (AAOE® the practice management affiliate of the American Academy of Ophthalmology, provides expert solutions and a supportive network to help you and your staff succeed in all aspects of business, coding, compliance and operations, including:

- Members-only resources like the Post-COVID-19 Recovery Roadmap for Ophthalmic Practice
- The most current coding requirements with timely updates for phone calls, internet and tele-health consultations
- Strategic business intelligence
- AcadeMetrics[™] benchmarking and financial tools
- Innovative tactics for improving clinic flow, reducing wait times and boosting patient satisfaction

As a member, you get access to the missioncritical information needed to manage your practice along with these valuable benefits:

Practice Management Resource Library: Free, members-only access to a growing collection of practice efficiency tools, ophthalmic medical practice forms, instructional videos and more.

Customized coding answers from AAOE's renowned coding experts

Practice Management Express, a weekly email with news and advice

Additional member discounts on events, products and other services

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



FOR OPHTHALMOLOGISTS

American Academy of Ophthalmic Executives® (AAOE®) Membership Application

Physicians must be a member of the American Academy of Ophthalmology.

Academy Member Numb	er (Required)					
Last Name		First N	ame	Middle Initial		
Credential(s): (Check all that	t apply) MD (DO PhD	МВА	МРН		
Practice Name						
Practice Address						
City		State		Zip	Country	
Telephone		Fax				
Email - Used to log into your account. Cannot match any other user's email. (Required)						
PAYMENT \$299 \$249 SPECIAL OFFER (Membership is from January 1 to December 31, 2021) VISA MasterCard AMEX Discover Check or money order, payable to AAO Card Number Exp. Date Authorized Signature						
Card Number		Exp. Da	ite	Authori	zed Signature	
Name on Card						
Cardholder's Billing Add	ress					
City		State		Zip	Country	
I understand and agree 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			D	Date		
RETURN THIS FORM TO:	American Acader P.O. Box 394048 San Francisco, CA		Т	: +1 415.561.8	Contact Member Servi 581 rvices@aao.org	ces

F: +1 415.561.8575