



"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

"In this age of instantaneous communications, AAOE provides the ophthalmic practice administrator the only true place to receive updated and compelling information on how to perform our duties at a much higher level."

HARLAN EPSTEIN
 PRACTICE ADMINISTRATOR
 AAOE MEMBER SINCE 2003

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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AcadeMetrics™ Benchmarking and Salary Surveys

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



AAOE Membership Application for Ophthalmologists

AAOE MEMBERSHIP ELIGIBILITY Individuals must be a member of the American Academy of Ophthalmology.

GENERAL INFORMATION

Last Name	Fire	st Name		Middle Initial
I am a member of the Academy: YES NO Academy Member Number (Required)				
Credential(s): (Check all that apply) MD DO PhD MBA MPH				
Practice Name				
Practice Address				
City	Sta	te	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)				
PAYMENT \$285 \$235 SPECIAL OFFER GOOD UNTIL SEPT. 15, 2017 (Membership is from Jan. 1 to Dec. 31, 2017) VISA MasterCard AMEX Discover Check or money order, payable to AAO				
Card Number	Exp. Date		Authorized Signature	
Name on Card				
Cardholder's Billing Address				
City	Sta	te	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	ate	
RETURN THIS FORM TO:	American Academy of Ophtha Dept #34048 P.O. Box 39000	T:	UESTIONS? Contact +1 415.561.8581 : member_services@	

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